



Our Work with Children, Young Adults and Families

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Executive Summary

The New Jersey Department of Children and Families (DCF) is the state's first comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve. Since its creation in 2006, the Department of Children and Families has made continuous efforts to sustain successes and strengthen infrastructure, processes and policies to drive child welfare reform in New Jersey. In the last decade, DCF has taken many important steps to strengthen its capacity to serve the children, young adults and families of New Jersey. DCF has been working under federal oversight to implement major reform since its establishment. In 2015, DCF entered into the Sustainability and Exit Plan, which is a strategic plan that sets the department on the path to bring to a close federal court monitoring.

One of the most significant accomplishments of the reform efforts was the development and implementation of the Case Practice Model in 2007. The Case Practice Model (CPM) established a strength based, family centered, solution focused framework to guide staff and leadership. The model highlights the importance of engaging families and their informal and formal supports and by meeting families where they are. This model uses a team approach to identify the family's functional strength and underlying needs, to better match services and strategies to promote enduring positive outcomes. Child Protection and Permanency (CP&P) is New Jersey's child welfare agency, responsible for investigating allegations of child abuse and neglect. CP&P applies the case practice model when providing services to children and families on a daily basis.

After the initial implementation of the model, and as part of an ongoing federal monitoring process, DCF implemented the Qualitative Review, a comprehensive case review process, to continuously assess the Department's progress in implementing the CPM. Over time, DCF has strengthened its capacity as a learning organization with focused attention on improving its data collection systems, case review processes and transparency. Today, DCF facilitates case review processes that go beyond just the CPM and allow the department to better understand the quality of our work with our children, young adults and families at various points in our service delivery.

DCF continues to use data collection and analytics to work more efficiently and effectively and is committed to developing a robust and fully functional CQI system as outlined in our 2016-2018 Strategic Plan. In the past few years, DCF has been focused on building a sustainable Continuous Quality Improvement (CQI) infrastructure. DCF's CQI approach retains a systematic process for ensuring quality implementation of NJ DCF services and drives the Department's way of thinking about how we study our own practices, systems and processes. The goals of DCF's implemented CQI system are to:

- Create a continuous learning environment to improve future outcomes;
- Ensure sustainability of DCF'S case practice model and reform efforts;
- Improve agency processes, procedures, and quality of services by using data to guide fiscal and programmatic decision-making; and
- Sustain and enhance DCF's ability to self-monitor.

DCF demonstrates its ongoing commitment to transparency by producing reports, facilitating discussions with internal and external stakeholders and focusing on sustaining the necessary infrastructure to ensure that we will be able to continue to learn and improve services and outcomes. The commitment to accountability around our data and practices, allows us to gain trust from our families, community partners, and stakeholders. It also provides opportunities for the public to expand its knowledge about our work and commitment to every individual we serve.

Purpose of the Report

DCF is committed to releasing a series of five annual reports that highlight progress performance measures and address topics of significance to the improvement and sustainability of our child welfare system. This report outlines our work with our children, young adults and families and examines the quality of service provision at various points throughout our service delivery model. The service delivery model begins the moment a caller makes contact with the Department through our State Central Registry and goes on to include initial investigation practices, direct case management, partnership with families and community partners, and support provided to promote safety, stability, permanency and well-being. This report is guided by the natural trajectory of the service delivery model. Many of the measurement processes are part of the Sustainability and Exit Plan (SEP).

Summary of Reviews

DCF conducts numerous reviews to assess the efficacy of our practice and policies. The reviews highlighted in this report include the review of intakes with the State Central Registry Review as well as case reviews including, the Quality of Investigations Review, Qualitative Review and the Housing, Employment and Education Status Review for Young Adults Exiting Care. Reviews are carried out by trained reviewers representing DCF, external service provider organizations and the Center for the Study of Social Policy (CSSP); the court appointed Monitor. These reviews have been instrumental in both internal continuous quality improvement efforts and in meeting the requirements outlined as part of the SEP.

State Central Registry Review. The Child Abuse Hotline (State Central Registry) receives reports of child abuse and neglect 24-hours a day, 7-days a week. Reports requiring a field response are forwarded to the CP&P Local Office and Regional Institutional Abuse Investigation Unit who investigates. All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry (SCR). The data described in this report is from the annual CY2016 SCR review of 343 calls.

Quality of Investigations. CP&P's case practice model strives to support an investigative process that is efficient and grounded in ensuring safety and quality. DCF uses the biennial Quality of Investigations Review process to assess the investigative practice for child abuse and neglect referrals. The data described in this report is from a case record review of 327 investigations conducted in CY 2016.

Qualitative Review. The Qualitative Review (QR) is used to assess the overall performance of a child welfare system by evaluating outcomes and case practice processes for children, young adults and families. The QR examines the status of the child and family in several important areas of life such as

safety, stability, health, and family resourcefulness. The review also assesses practice performance areas such as engagement, teamwork and coordination, ongoing assessment processes, and child and family planning process. The QR sample referred to in this report includes the 195 cases reviewed in CY 2016. QRs are conducted in each of New Jersey's twenty-one (21) counties over a two-year period. Ten counties were reviewed in CY2016 and the remaining will be reviewed in 2017. In the next report, DCF will provide QR data collected in calendar years 2016 and 2017 to reflect full statewide (21 counties) results.

Housing, Employment and Education Status Review for Young Adults Exiting Care. This review is a bi-annual targeted case review that specifically focuses on outcomes for young adults who did not achieve legal permanence. A primary focus of the review is to use qualitative data to gain insights about housing, education or vocational training, and employment for young adults. A total of 149 young adults were reviewed in 2016.

Overarching Findings

Overarching Finding 1. Taken together, the results of the reviews suggest that children and young adults who are served by DCF are overwhelmingly safe from harm. Safety assessment and safety status are addressed in every review, but are focal components of the *State Central Registry Review, Quality of Investigations Review* and *Qualitative Review*. Reviewers participating in the State Central Registry Review reported that 97 percent of the intake calls were completely or substantially of overall good quality. A significant finding from the review revealed, 95 percent of SCR Intakes were coded correctly. Additionally, in 91 percent of the calls, reviewers found that the screener completely understood and adhered to policy. The findings of the *Quality of Investigations Review* indicate that the overall quality of the investigative practice is also a strength for the department. This review reflects significant improvements in investigative practice of CP&P when compared to previous years. The reviewers found that the investigations were either completely or Substantially of Good Quality in 83 percent of cases reviewed in 2016. In addition, the investigations were timely and interviews were held with multiple stakeholders. Trained CP&P caseworkers are the initial point of contact for a family and responsible for conducting the investigation. Finally, DCF's performance for Child and Family Status (e.g. safety, permanency, stability and well-being) from the QR yielded an overall strength rating for Child and Family Status for CY 2016 of 92 percent.

Overarching Finding 2. Despite strong performance related to our safety and service in the initial stages of a family's involvement with the child welfare system, results from the reviews demonstrate that DCF has more work to do to strengthen its engagement of families and capacity to ensure that the family-focused practice is driven by ongoing and collaborative teaming, assessment and planning processes for all key stakeholders. As noted above, DCF uses the Qualitative Review to assess the quality of the child and family status as well as practice performance. The QR results for the 10 counties included in this reporting period, identified a strength rating for Practice Performance for CY 2016 of 57%. The findings highlighted the differences that exist in the quality of Practice Performance across stakeholders (i.e. children/young adults, biological parents and resource parents). There are successes in regard to CP&P's work with the children, young adults and resource parents in terms of engagement, assessment and

planning. Typically, DCF has demonstrated stronger practice in working with these stakeholders than biological parents. The QR results are being used to focus new initiatives and efforts on better engagement of biological parents and efforts are already underway to improve this practice.

Overarching Finding 3. The department has demonstrated strong performance related to ensuring positive outcomes for young adults, ages 18-21 who have not achieved permanency. The results from the Young Adult Housing and Employment Reviews in 2016 demonstrate that most of young adults who exited care without achieving permanency, successfully achieved employment, were enrolled in educational or vocational programs and had stable housing. DCF works to ensure enrollment in education and vocational training programs as well as stable employment and housing for young adults who are at risk of exiting care without achieving permanency. DCF uses the *Young Adults Housing and Employment Review* to provide qualitative data to strengthen services and practice. The results from the bi-annual review found that in CY 2016, young adults achieved employment or education attainment at rates of 83 percent and 90 percent. In addition, this same cohort of young adults achieved stable housing at rates of 91 percent and 95 percent.

Concluding Statement

The results of this report have highlighted that DCF has a strong infrastructure in place to ensure the Department stays on the path of building upon its strength and understanding areas that need improvement. DCF facilitates case review processes that allow the department to better understand the quality of our work. The reviews discussed in this report highlight various aspects of DCF's work that contribute to promoting safety, stability, permanency and well-being for New Jersey's children and families. The findings suggest that DCF has worked successfully to keep those whom we serve safe. Today, DCF is committed to ensuring that the same success that we have found in keeping children safe, in partnering with resource parents and in ensuring that young adults are educated, employed and housed, carries over to our work with parents and their formal and informal supports. It is our aim that all key stakeholders would be actively engaged in sustained teaming, assessment and planning and that informal teams will continue to support and strengthen the family post CP&P involvement.

At DCF we understand that our commitment to "an even greater tomorrow" means that we need to ensure that the parents and caregivers have their underlying needs comprehensively assessed and met in order to ensure sustained safety, stability, permanency and well-being for the children in their care. We also understand that to strengthen our work, we have to maintain strong CQI processes and take time to understand our practice and apply what we have learned. In the conclusion of this report, we acknowledge the commitment of the leadership in CP&P in participating in CQI activities and strengthening practice by implementing initiatives to help sustain ongoing child welfare reform efforts, improve case practice standards and strengthen DCF policies and processes.

Over the last decade DCF has made efforts to engage all staff members and stakeholders in identifying and targeting opportunities to improve services, processes and outcomes for children and families. DCF is unwavering in its commitment to its mission of ensuring a better today and an even greater tomorrow for every individual the department

Introduction



CHAPTER 1. INTRODUCTION

Background

The New Jersey Department of Children and Families (DCF) was created in 2006 and is the state's first comprehensive agency dedicated to ensuring a better today and an even greater tomorrow for every individual we serve. In partnership with New Jersey's communities, DCF ensures the safety, well-being, and success of New Jersey's children and families. DCF understands that partnering requires an ongoing commitment to accountability and transparency. As a result, DCF is committed to releasing a series of five annual reports that highlight progress on performance measures and address topics of significance to the improvement and sustainability of our child welfare system (see Table 1.).

This report outlines our work with our children, young adults and families and examines the quality of service provision at various points throughout our service delivery model. The service delivery model begins the moment a caller makes contact with the Department through our State Central Registry and goes on to include initial investigation practices, direct case management, partnership with families and community partners, and support provided to promote safety, stability, permanency and well-being.

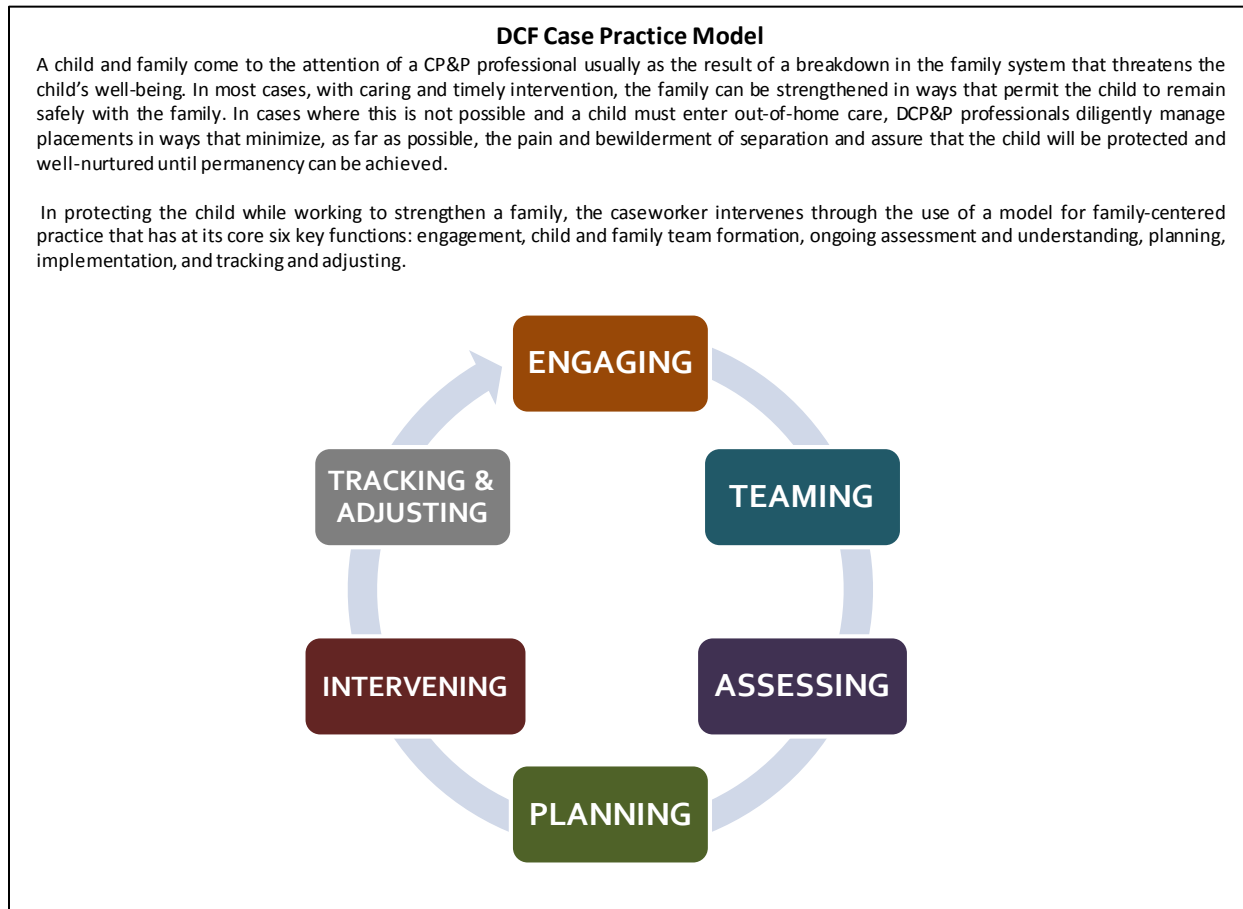
Table 1: Sustainability and Exit Plan (SEP) Annual Reports

Annual Report	Description
New Jersey's Child Welfare Outcomes Report	The New Jersey's Child Welfare Outcomes Report provides a detailed summary of child welfare outcomes across a variety of safety, stability, and permanency measures for children in their own home and children in out-of-home placement.
Adoption Report	The Adoption Report focuses on data and the practice of ensuring timely permanency for children in out-of-home placement through adoption. Additionally, it provides an analysis of what adoption case practice looks like for children under the care of Child Protection and Permanency.
Our Work with Children, Young Adults and Families	The New Jersey's Our Work with Children Young Adults and Families Report outlines DCF work with children, young adults and families and examines the quality of service provided by DCF staff at various points throughout our service delivery process.
DCF Workforce Report	The DCF Workforce Report provides an in-depth review of key indicators of performance and related strategies that reflect DCF's ongoing commitment to and investment in child welfare workforce development, leadership and organizational health.
Child Health Report	The Child Health Report provides an evaluation of the medical and behavioral health assessments and services that are coordinated through the Child Health Units for children in out-of-home placement. It also provides an analysis of and context for each child health measure to identify trends, strengths and areas needing improvement.

This report is guided by the trajectory of the service delivery model, and highlights the Sustainability and Exit Plan (SEP) which recognizes DCF's child welfare reform achievements and continued efforts to improve the lives of children and families. The SEP is a modification of the federal oversight agreement from 2006 and a strategic plan created to ensure that DCF is able to fulfill its mission as well as conclude federal oversight of child welfare in New Jersey. Many of the measurement processes referred to in this report were agreed to by the original and/or modified settlement, of the class-action litigation *Charlie and Nadine H. v. Corzine*. This agreement was settled between The State of New Jersey and Children's Rights, Inc. The Modified Settlement Agreement (MSA) appointed the Center for the Study of Social Policy (CSSP) to monitor NJ's compliance with goals set forth to improve NJ's child welfare system. The MSA was implemented in two phases. Phase I (July 2006 through December 2008) focused on building infrastructure and a Case Practice Model within DCF. The Case Practice Model emphasizes a strength based, family-centered practice and solution focused model that has at its core six key functions: engagement, child and family team formation, ongoing assessment and understanding, planning, implementation, and tracking and adjusting (see Figure 1.). Phase II (January 2009 through November 2015) focused on reaching and sustaining a variety of process, quality, and outcome measures. In November 2015, DCF entered a new phase of the reform with the Sustainability and Exit Plan¹.

¹ The full text of the SEP can be found at <http://www.nj.gov/dcf/about/welfare/Sustainability-and-Exit-Plan-110415.pdf>

Figure 1. DCF Case Practice Model



The SEP recognizes DCF's reform efforts, which include embracing analytics to work more efficiently and effectively; and improving the lives of children and families. The SEP acknowledges progress made, particularly in DCF's infrastructure. It separates performance measures DCF has achieved from those measures yet to be achieved. CSSP classifies various elements of DCF's work and then reviews the work to determine if DCF is progressing towards accomplishing each of the elements. SEP measures are classified as Foundational Elements, Measures "To Be Maintained" or Measures "To Be Achieved." Many elements of the service delivery model are required to be measured under the SEP. In addition, DCF has prioritized assessing additional indicators and elements on an ongoing basis. As a result, this report focuses on both SEP and DCF driven measures and indicators of quality that have become part of DCF's ongoing commitment to understanding our practice.

Although the quality of DCF's case practice is influenced by offices and divisions throughout the agency, (CP&P) is New Jersey's child welfare agency responsible for investigating allegations of child abuse and neglect and providing supportive services to children and families in need. CP&P contracts with community-based agencies to provide services to children and families, including but not limited to counseling, parenting skills, and substance use treatment. If a child has been abused or neglected, or is at

imminent risk of abuse or neglect, CP&P may ask the local family court to remove the child from the parent's custody and place the child in an out-of-home placement, commonly known as foster care. Whenever possible, the child is placed in a family setting, preferably with a relative caregiver. Both relative and non-relative foster homes in New Jersey are licensed and regulated by DCF's Office of Licensing.

CP&P partners with DCF's Office of Performance Management and Accountability (PMA) to study case practice delivery, systems and processes for in-home and out-of-home cases. PMA oversees many qualitative case reviews, quantitative data collection, management and analytics, and provides data for federal AFCARS, NCANDS, and NYTD reporting. As a data-driven agency, DCF focuses on publishing the results of administrative data analysis and structured case reviews, allowing the agency to be transparent and accountable to the public. The Office of Adolescent Services (OAS), a sister office to CP&P, also actively participates in facilitating case reviews to understand practice. OAS supports young adults to achieve economic self-sufficiency, interdependence, and engage in healthy life-styles as they transition to adulthood. OAS participates in the Qualitative Review and the *Housing, Employment and Education Status Review for Young Adults Exiting Care* to help ensure that DCF collects information relevant to young adults ages 18-21.

Methodology

DCF conducts numerous case reviews that provide an understanding of what is "behind" the safety, permanency and well-being data in terms of day-to-day practice in the field. These case reviews utilize methodological combinations of case record reviews and interviews of individuals to appraise case practice on a local level. DCF relies on trained reviewers representing DCF, external service provider organizations and the Center for the Study of Social Policy (CSSP); the court appointed Monitor. Below we describe the key data collection review processes used to yield the results shared in this report. The reviews highlighted in this report include the State Central Registry Review, Quality of Investigations Review, Qualitative Review and the Housing, Employment and Education Status Review for Young Adults Exiting Care. A more in-depth description of the methodology for each review is provided in the body of this report.

State Central Registry Review. The State Central Registry (SCR) is the primary entry point to New Jersey's public child welfare system. SCR is a 24-hour hotline system that receives, prioritizes and dispatches responses to suspected child abuse and neglect situations and provides information and referrals for child welfare support services. The data described in this report is from the SCR review conducted for calls received in 2016. Additional details about the review sample and processes are located in Chapter 2 of this report. In 2011, PMA and CP&P joined with staff members from CSSP, the court appointed Monitor to assess the overall quality and effectiveness of SCR. This review was designed to look at the following four areas: coding decisions, documentation, customer service and quality of the call. CSSP has deemed SCR to be a Foundational Element of New Jersey's Child Welfare system. This means that the work in this area is operating effectively in a manner that can be sustained and therefore CSSP no longer participates in this review. However, SCR and DCF leadership conduct annual case reviews as part of the

CP&P CQI system to assess key processes in the operation and to look for opportunities to enhance the quality of the hotline.

Quality of Investigations. CP&P is statutorily mandated to investigate reports of alleged child abuse and neglect in the State of New Jersey.² CP&P's case practice model strives to support an investigative process that is efficient and grounded in ensuring safety and quality. DCF uses the Quality of Investigations Review process to assess the investigative practice for child abuse and neglect referrals. This review was initially implemented to meet certain outcomes established by the Charlie and Nadine H. v Christie Modified Settlement Agreement (MSA)³. The quality review process was developed in collaboration with CSSP and is presently used as an SEP progress report and to assess identified strengths and opportunities to improve current investigative practice. The review assesses investigative practice in areas such as: identifying Information, allegation type, response time, supervisory conferences, child information, data collection, law enforcement, third party collateral information, risk and safety assessments, timely completion of the investigation and appropriate use of investigation extensions. Additional details pertaining to the review sample and processes can be found in Chapter 3 of this report.

Qualitative Review. The Qualitative Review (QR) is used to assess the overall performance of a child welfare system by evaluating outcomes for children, young adults and families. This process began with a pilot in 2010, followed by the first comprehensive QR in 2011. The QR is a week-long review during which trained and certified reviewers perform a thorough review of case records and quantify progress using a standard protocol tool. The QR process for the State of New Jersey is conducted and overseen by staff members from PMA. The process uses a combination of record reviews, interviews, observations, and professional assessments. The QR examines the status of the child and family in several important areas of life such as safety, stability, health, and family resourcefulness. The review also assesses practice performance areas such as engagement, teamwork and coordination, ongoing assessment processes, and child and family planning process. QR results provide valuable information to support continuous quality improvement processes. This review also contributes to reporting requirements for examining quality case practice measures outlined in the SEP. Additional details about the review sample and processes are located in Chapters 4a and 4b of this report.

Housing, Employment and Education Status Review for Young Adults Exiting Care. DCF recognizes the urgent need to assist young adults⁴ in realizing their potential and developing their strengths to achieve successful outcomes in their transition into adulthood. PMA, CP&P, OAS and CSSP jointly conduct a bi-annual targeted case review focused on outcomes for young adults who *did not* achieve legal permanence. A primary focus of the review is to use qualitative data to gain insights about housing, education or vocational training, and employment for young adults. In 2016, information related to each of these domains was obtained from the young adults' case record and electronic files and examined by DCF and CSSP staff. Another primary focus of this review is to assess the need for housing,

² N.J.S.A. 9:6-8.11 Actions to ensure safety of child; investigation; report.

³ The full text of the MSA can be found at

http://www.nj.gov/dcf/documents/home/Modified_Settlement_Agreement_7_17_06.pdf

⁴ The term "young adult" is preferred when referencing the 18-21 DCF age group.

employment/vocational training, and education services for young adults. Details about the review sample and processes are located in Chapter 5 of this report.

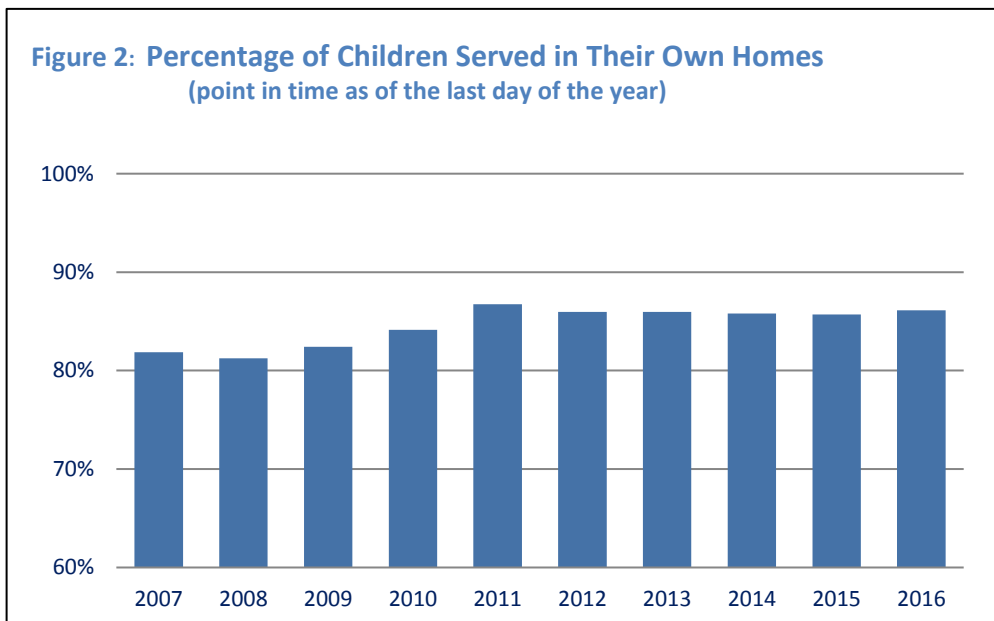
Understanding the Content

Data Availability. This report includes data collected in reviews conducted in calendar year (CY) 2016. Each review is conducted on either a bi-annual, annual or biennial review cycle based on the nature of the data collected or the scope of the review. QRs are conducted in each of New Jersey's twenty-one (21) counties over a two-year period. Ten counties were reviewed in CY2016. Therefore, the results presented in this report should be interpreted as preliminary. In the next report, DCF will provide QR data collected in calendar years 2016 and 2017 to reflect full statewide (21 counties) results from a representative sample.

In January 2016, DCF revised the QR process to improve instrumentation, strengthen the sampling strategy to ensure stronger representation and train additional reviewers. A key component of the revision was the updating of the QR protocol, which had not undergone a thorough instrumentation review since 2009. DCF revised the protocol by simplifying language to improve clarity, outlining dimensions within indicators and creating more user friendly rating rubric. Additionally, DCF updated the indicators to reflect much of the learning that has occurred in the child welfare field. For example, for the indicator Teamwork and Coordination there was an added focus on team member ownership of the process to consider the degree to which every team member influences the development and implementation of the plan. This change broadened the focus away from just the case manager to implementing practice that integrated each team member into decision making and having specific roles and responsibilities in the case plan. Another example, the original indicator of Case Planning changed to the Child and Family Planning Process indicator in order to acknowledge and include the additional focus on family inclusion. Over the years, DCF has shifted more of its processes to support the belief that the family must have a voice that is reflected throughout the planning process. DCF also made important shifts in the measurement of the qualitative review instrument by adding language in the protocol that outlines underlying domains that contribute to each indicator. For example, the domains of Membership and Ownership, Communication and Participation and Shared View all contribute to the Teamwork and Coordination indicator. The primary objectives for changes in measurement were to promote a more accurate and relevant assessment of the quality of our work. A short-term consequence that results from a shift in measurement is the inability to compare results from data collected using the previous tool from 2009-2015, to data currently collected with the new tool. Therefore, at this time, this report will not include a historical comparison of the data.

In regard to data, it should be noted that percentages throughout the report are rounded to the nearest whole number.

Who We Serve. Research shows that maintaining children in their own homes whenever possible, even after a finding of maltreatment, improves long-term outcomes for children and reduces the additional trauma of being removed from their homes, families and entering out-of-home placement.⁵ The majority of children served in New Jersey’s child welfare system reside in-home with their families. As of December 31st, 2016, CP&P was serving a total of 48,049 children. As indicated in Figure 2. 86 percent (41,386) were being served in their own homes. Conversely, only 14 percent (6,663 children) were being served out-of-home. Over the last 10 years, CP&P has focused its practice and decision-making toward maintaining children safely in their own homes whenever possible, resulting in fewer children entering out-of-home placement.



Chapter Content. Within each of the subsequent chapters, DCF provides information about each of the reviews and the results. Key components of each chapter include descriptions of the:

- Purpose of the Review
- Sample
- Data Collection Instrument
- Basic Review Procedure
- Data Analysis and Quality Assurance
- Results

Chapter 4 focuses on the QR. This is the largest case review that DCF conducts and includes 19 indicators. Chapter 4 is divided into parts A and B. Chapter 4a Qualitative Review – Background and Review Methodology and a Chapter 4b Results and Conclusions.

⁵ Doyle, J.J. Child Protection and Child Outcomes: Measuring the Effects of Foster Care. *American Economic Review*. 97(5). December 2007: 1583-1610.

State Central Registry



CHAPTER 2. REVIEW OF THE STATE CENTRAL REGISTRY

Purpose of the Review

Promptly and appropriately responding to reports of suspected child abuse or neglect is one of the most critical child protective service functions. With every call, decisions are made which could potentially affect the safety, well-being and chance for a stable, permanent future of a child and his or her family. The entity responsible for receiving and responding to reports of child abuse and neglect is often the most visible face of public child protection. The manner, timeliness and clarity with which a child welfare system receives, screens and acts on calls from the public greatly influence how the community interacts with and perceives a State's overall child protection performance.

Prior to the inception of the SCR, each CP&P Local Office was responsible for screening calls related to child abuse and neglect. In 2004, during the initial stages of New Jersey's child welfare system reform, DCF created SCR, a 24-hour centralized screening system that standardized the practice of processing calls of suspected incidents of child abuse and neglect. Centralized screening serves as the main entry point for reporting child abuse and neglect concerns. The role of SCR is to screen in reports of child abuse/neglect and child welfare concerns. Reports requiring a filed response are forwarded to the appropriate CP&P Local Office who investigates or makes an assessment of the family's needs. Reports regarding child abuse/neglect that occur in institutional settings are forwarded to the appropriate Regional Institutional Abuse Investigation Unit (IAIU).⁶

SCR receives on average nearly 15,000 calls a month and is staffed by over 100 full and part-time employees. In 2016, SCR received 74,504 hotline referrals.⁷ Each call is coded into different categories for review and action. Information gathered from calls related to alleged child abuse, neglect or risk to a child are referred to local CP&P offices and IAIU with pre-established response timeframes for CP&P field staff and IAIU staff to assess and investigate each report of child abuse or neglect.

The SCR review was designed to answer questions in four key areas:

- *Information Gathering:* How well do SCR Screeners collect information from callers? Do SCR Screeners use appropriate engagement skills to collect the most valuable and pertinent information? In addition to exploring the nature and content of the report, do Screeners ask a series of required questions to assess other potential areas of concern present in the home?
- *Documentation:* Upon the completion of each call, do SCR Screeners completely and accurately document the content of the call in a clear, concise and understandable manner? When a field

⁶ IAIU is a child protective service agency within DCF, dedicated solely to investigating allegations of child abuse/neglect in child care facilities, resource family (foster) care homes, and other out-of-home settings. See. http://www.state.nj.us/dcf/policy_manuals/IAIU-I-A-1-200_issuance.shtml

⁷ <https://njchilddata.rutgers.edu/portal/total-hotline-referrals> (accessed December 20, 2017).

response is required, do SCR Screeners provide and communicate all necessary documentation and identifying information to CP&P local offices in a timely manner?

- *SCR Screener Professionalism*: Do SCR Screeners engage callers in a manner that reflects both professionalism and competency? Do they ask questions in a logical, caring and non-judgmental manner? Are SCR Screeners able to gather sufficient information and make informed decisions about each call and appropriate next steps?
- *Call Quality*: Did the screener ask relevant questions regarding the reasons why they contacted the hotline? Did the screener ask questions in a logical sequence to gain a better understanding of the incident and/or noted concerns? Were the questions focused and stated in a non-judgmental manner? Did the screener summarize the pertinent information regarding the concerns?

Sample

The sample was designed to be reflective of the proportion of calls that are typically received by SCR. Of the 383 calls reviewed, 72 were coded Information and Referral (I&R)⁸ (19 percent), 221 were coded CPS/Family (58 percent), 13 were coded Child Protective Service (CPS)⁹ or IAIU (3 percent) and 77 were coded Child Welfare Services (CWS)¹⁰ (20 percent). Calls were spread out over the course of the day, over various SCR shifts – day shift (60 percent), transition shift (19 percent), evening shift (15 percent) and the overnight shift (7 percent) and both full (92 percent) and part-time (8 percent) screeners were reviewed (Note. Percentages are rounded to the nearest whole number).

Data Collection Instrument

In 2016, PMA and SCR management collaborated to revise the tool created in 2008 to reflect updated policies and practices. The revised instrument includes:

1. Reviewer Information
2. Referral Basics and Timing
3. Call Content
4. Information and Referral Only
5. CPS Family/CPS Institutional Abuse Only
6. Child Welfare Services Only

⁸ A call is identified as an I&R call when it has been determined that CP&P intervention is not warranted and (1) a caller is seeking a referral to one or more service providers, (2) a SCR screener determines that a referral is the appropriate response to the concern raised by the caller, or (3) the matter is referred back to the caller for handling (e.g., police calling about non-abuse incident, school call about educational neglect).

⁹ A type of intake/case that documents and includes alleged maltreatment of a child, involving the alleged abuse and/or neglect by an alleged perpetrator. Intakes coded “CPS-Family” are investigated by CP&P and those coded “CPS-IAIU” are investigated IAIU.

¹⁰ Intakes that are a request for services on behalf of, or the provision of information to express concern about, a family or household who may need assistance in ensuring the basic health and welfare of a child who resides there, when the person, making the inquiry is not alleging that the child is an abused or neglected child. It is a situation where a potential service need exists for a child or family, but there is insufficient risk to justify a child/abuse neglect investigation. See. http://www.state.nj.us/dcf/policy_manuals/CPPII-A-1-100_issuance.shtml

7. Quality of Call
8. Phone Hold Timeframes
9. Documentation
10. Reviewer Judgment
11. Other Comments

Basic Review Procedure

The most current review was conducted April 17 – 20, 2017, at SCR. Fifteen trained reviewers assessed 383 calls from CY2016 by listening to the recorded call, comparing it to documentation in NJ SPIRIT, DCF's Statewide Automated Child Welfare Information System, and completing a survey with information designed to capture the appropriateness and quality of the coding decision, documentation, customer service, and overall quality of the call.

Data Analysis and Quality Assurance

Survey results were analyzed using *SurveyMonkey™* software and Excel. Quality assurance included a review of initial surveys completed by all reviewers. When applicable this process included having internal discussions on specific cases during the course of the review and included input from SCR leadership when process questions arose.

Results

SCR demonstrated strong performance in the information gathering, documentation, Screener professionalism and call quality. Specifically in 97 percent of the intake calls reviewed rated as completely or substantially of overall good quality. A significant finding from the review revealed, 95 percent of SCR Intakes were coded correctly. Additionally, in 91 percent of the calls, reviewers found that the screener completely understood and adhered to policy.

Topic specific results are presented below in relationship to the questions driving the review.

Coding Decision

Was the Intake coded correctly?

- 362 (95 percent) of the 383 Intakes referrals were coded correctly, while 21 (5 percent) were not coded correctly.

If a CPS or CWS intake was not warranted, was the reporter referred to an appropriate entity if warranted?

- Of the 72 Intake referrals coded as I&R, 31 were not applicable for this measure. Of the 41 applicable cases, the Screener provided information specific to the reporter's request in 37 (90

percent) instances. In 4 (10 percent) instances, the Screener did not provide information specific to the reporter's request.

Did the Screener understand and adhere to CP&P policy

Of the 383 Intake referrals reviewed, 347 (91 percent) were found to reflect that the screener completely understood and adhered to policy, 34 (9 percent) instances reflect that the screener substantially understood and adhered to policy, and in two (one percent) instances, it was determined that the screener marginally understood and adhered to policy (Percentages are rounded to the nearest whole number).

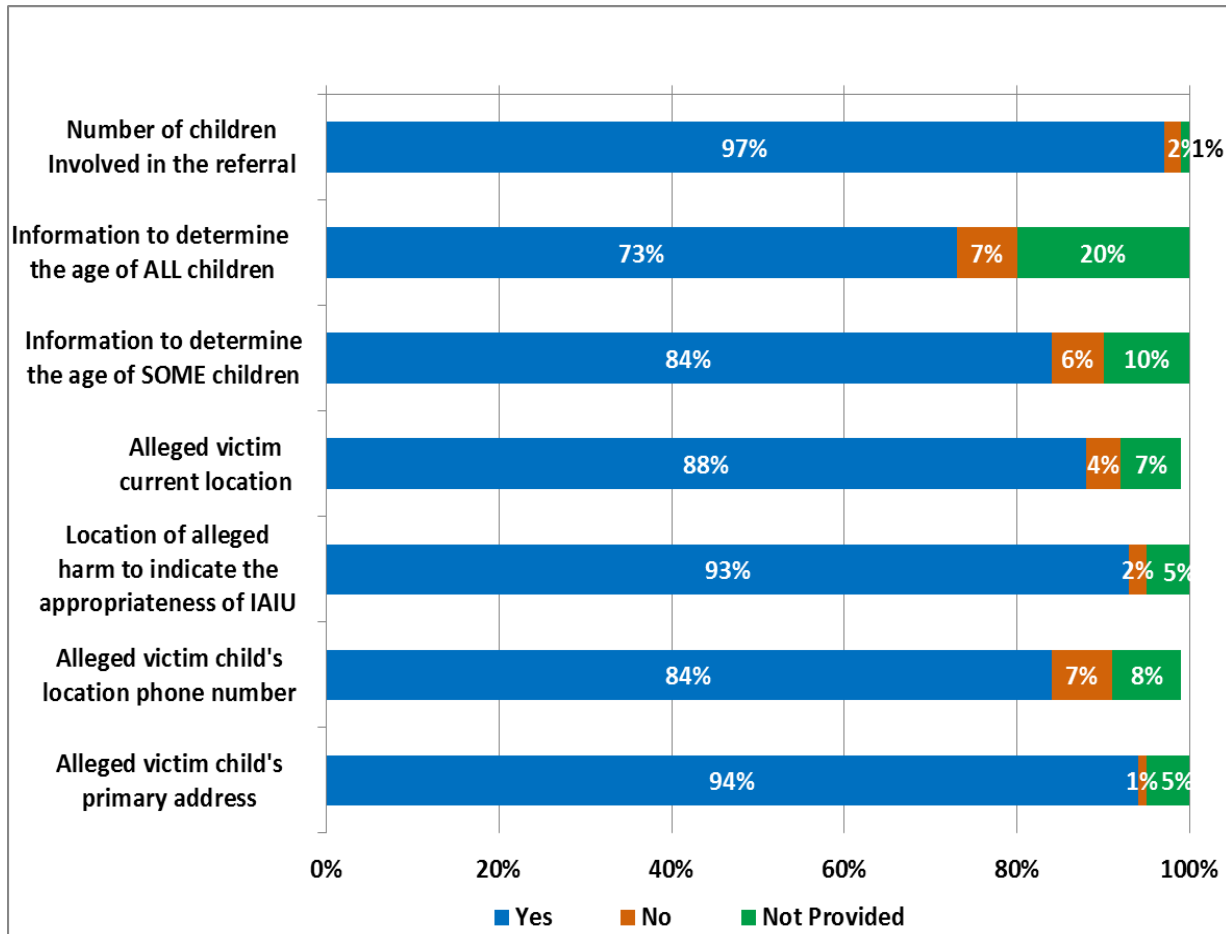


Documentation

Did the Screener obtain the identifying information for the family?

In 234 CPS Intakes (including both the CPS/Family and CPS/IAIU intakes), in the majority of cases, information concerning the family, including the number of children, ages of children, physical location of children, address and phone number of the family were obtained. The results for the CPS Identifying Information measure are presented in Figure 3.

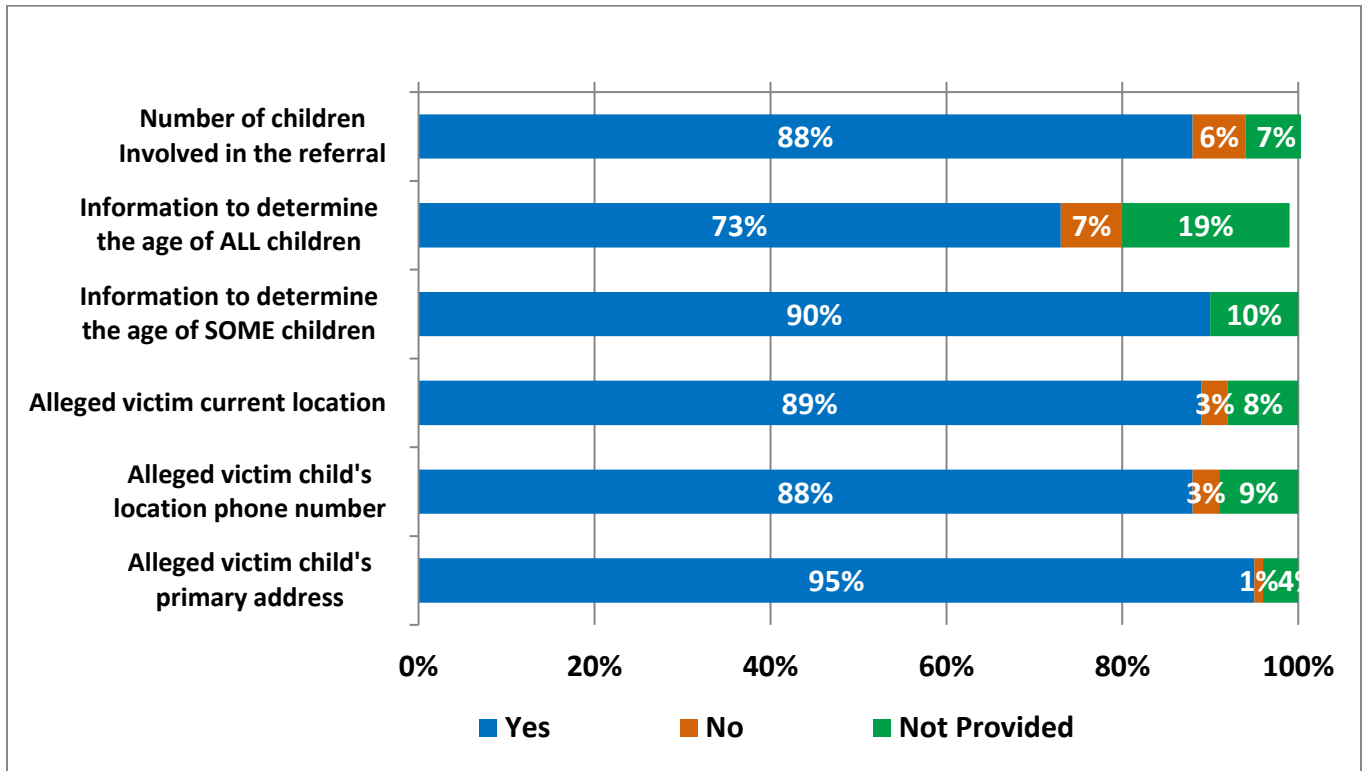
Figure 3: CPS/Family and CPS/IAIU Intakes -Identifying Information (n = 234)



Note. Percentages in the chart are rounded to the nearest whole number.

Comparable to the CPS Intakes, in the majority of CWS cases, information concerning the family, including the number of children, ages of children, physical location of children, address and phone number of the family were obtained. The results for the 77 CWS Intakes represented in Identifying Information measure are presented in Figure 4.

Figure 4: CWS Intakes-Identifying Information (n = 77)

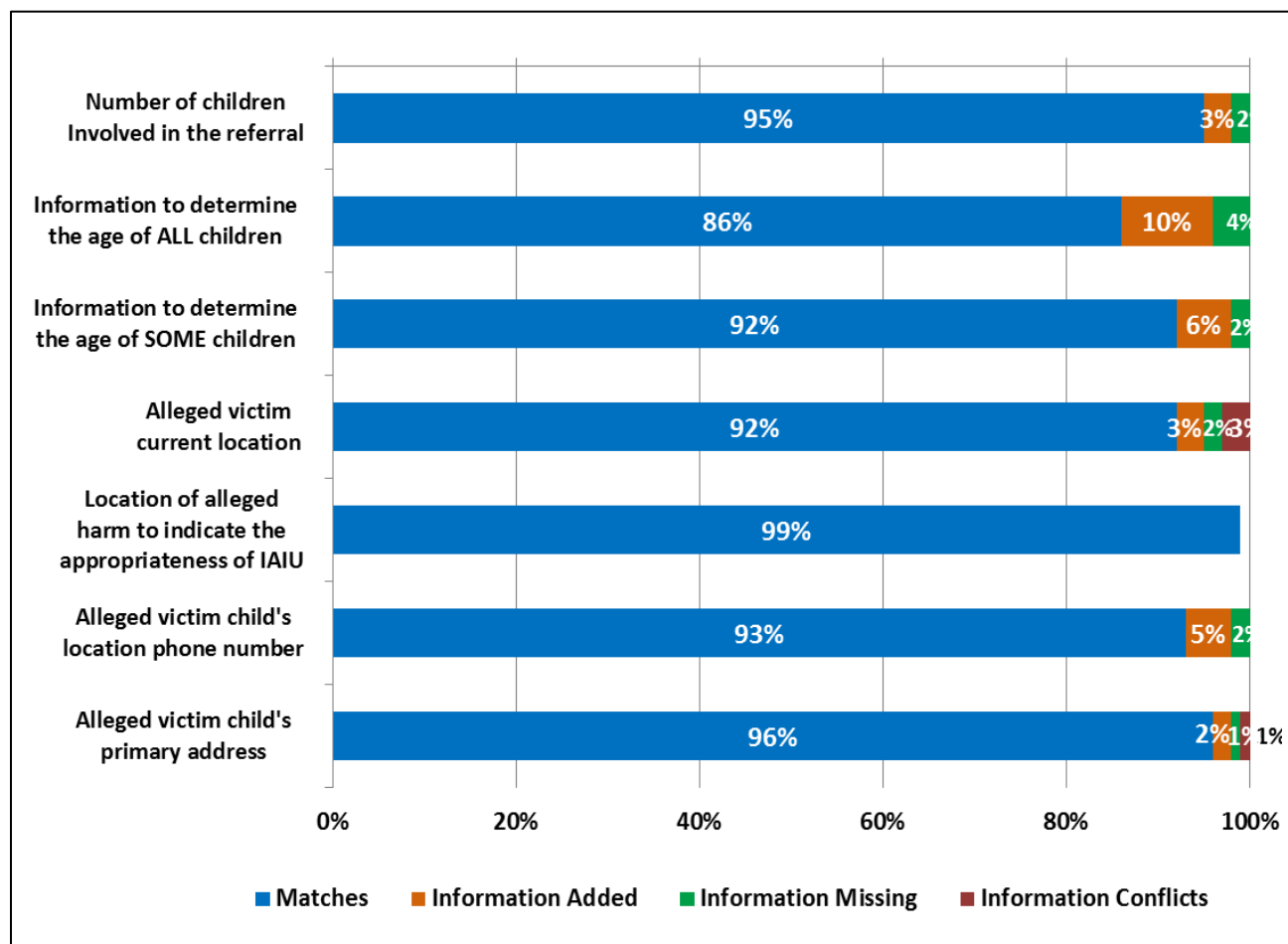


Note. Percentages in the chart are rounded to the nearest whole number

Was the information documented correctly within the Intake?

For the 234 CPS intakes (including both the CPS/Family and CPS/IAIU intakes), in the majority of cases, information concerning the family, including the number of children, ages of children, physical location of children, location of alleged harm, address and phone number of the family were obtained and matched the intake. The results for the CPS Documentation are presented in Figure 5.

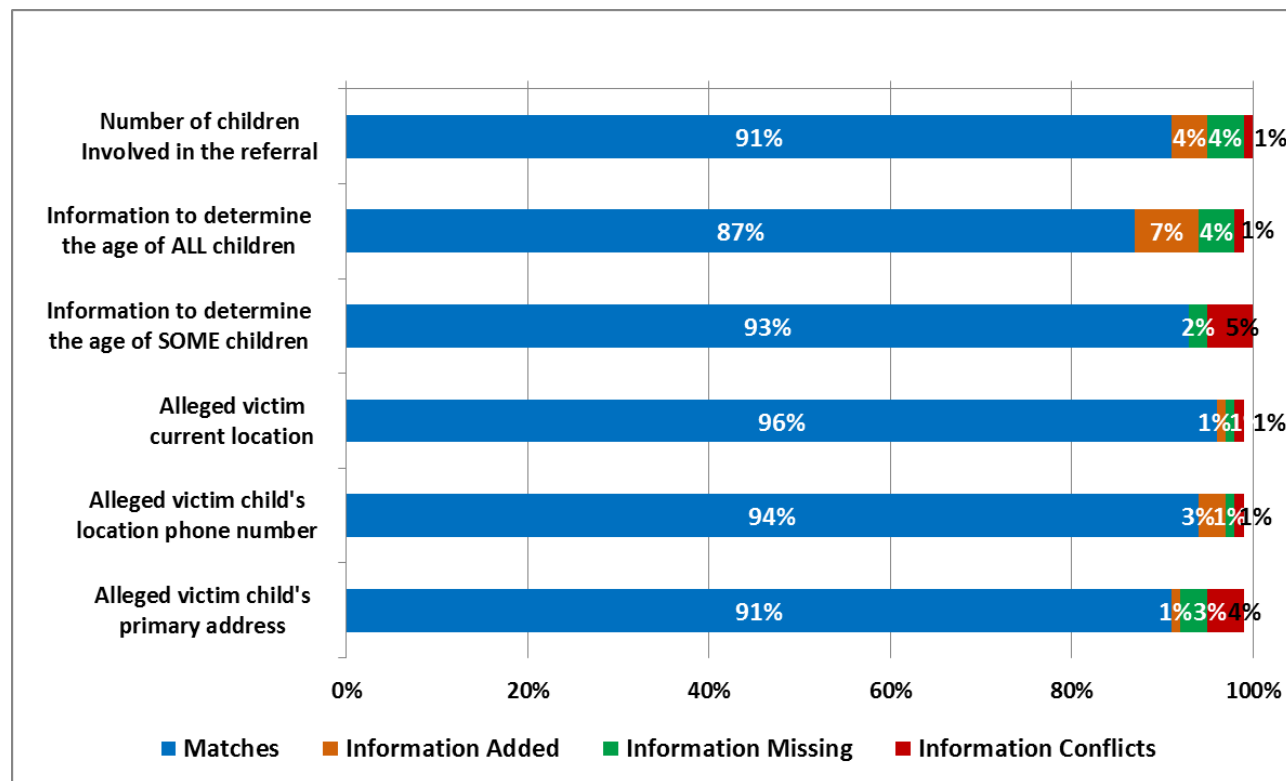
Figure 5: CPS/Family and CPS/IAIU Intakes - Documented Correctly (n=234)



Note. Percentages in the chart are rounded to the nearest whole number

The assessment of CWS intakes also revealed that the majority of cases, information concerning the family, including the number of children, ages of children, physical location of children, location of alleged harm, address and phone number of the family were obtained and matched the intake. The results for Documentation for the 77 CWS cases are presented in Figure 6. The item sample sizes vary to accommodate the “not applicable” responses.

Figure 6: CWS Intakes-Documented Correctly (n=77)



Note. Percentages in the chart are rounded to the nearest whole number

Was the intake clear and concise?

- This measure examined whether the Intake referral utilized proper grammar, avoids slang, flows in a clear and concise and “easy to read” manner. Of the 383 intake referrals reviewed, 99 percent rated as completely or substantially meeting this measure. Specifically, 345 (90 percent) were rated as “completely,” 37 (9.5 percent) were rated as substantially and one (0.5 percent) was rated as “marginally.” There were no cases rated as “not at all.”

Did the Screener document all of the noted CPS or CWS concerns accurately?

- This measure examined whether there was evidence of information in the call that was relevant, but not included in the referral. Of the 383 intake referrals reviewed, 306 (80 percent) were found to contain all relevant information, while 77 (20 percent) were found to be missing information from the call.

Customer Service

Was the Screener professional and engaging?

- To examine this measure for the 383 Intake referrals, two separate questions were considered. The first question asked if the Screener used engagement skills when necessary. The review found that 99 percent of the 383 intake referrals reviewed, were rated as completely or substantially meeting this measure. Specifically, 341 (89 percent) were coded as “completely” and 37 (10 percent) were coded as “substantially.” Of the remaining five cases (one percent), three were coded as “marginally,” while two were coded as “not at all.”
- The review also found that Screeners remained composed, focused and professional, even when working with challenging callers. Almost all, 99 percent of the Intake referrals, were rated as completely or substantially meeting this measure. Specifically, 344 (90 percent) were coded “completely” and 36 (9 percent) were coded “substantially.” The remaining three (one percent) calls were coded as “marginally.”

Did the Screener demonstrate respect and concern?

- When answering the question, “Did the Screener demonstrate respect, genuineness and concern?” of the 383 intakes, 99 percent were rated as completely or substantially meeting this measure. Specifically, 344 (90 percent) were coded “completely,” 35 (9 percent) were coded “substantially,” 4 (1 percent) were coded “marginally.”

Did the Screener demonstrate reflective listening?

- Of the 383 responses to the question, “Did the Screener use reflective listening skills appropriately while using a calm and engaging voice?” 99 percent were rated as completely or substantially meeting this measure. Specifically, 343 (90 percent) were coded as “completely,” 36 (9 percent) were coded as “substantially,” and 4 (1 percent) were coded as “marginally.”

If the caller was placed on hold, was proper etiquette used?

- For this measure, the question was posed as follows: “Was the length of call addressed with the caller.” Of the 247 calls that experienced a hold, 223 (90 percent) did address the hold and 24 (10 percent) did not address the hold at all.

Quality of the Call

Did the Screener ask relevant questions regarding the reasons why they contacted the hotline?

- Screeners were found to have asked meaningful follow-up questions to seek important information. Of the 383 intakes, 99 percent of the Intake referrals were rated as completely or substantially meeting this measure. Specifically, 334 (87 percent) were coded as “completely,” 44 (12 percent) were coded as “substantially,” and 5 (one percent) were coded as “marginally.”

Did the Screener ask questions in a logical sequence to gain a better understanding of the incident and/or noted concerns?

- For the question, “Did the Screener ask questions in a logical sequence to obtain information from the caller regarding the reasons/circumstances that prompted the call,” 99 percent of the Intake referrals were rated as completely or substantially meeting this measure. Specifically, 338 (88 percent) were coded as “completely,” 40 (11 percent) were coded as “substantially,” and five (one percent) were coded as “marginally.”

Were the questions focused and stated in a non-judgmental manner?

- For the question, “Were questions focused and offered in a non-judgmental manner, avoiding slang terms and personal opinions,” 99 percent of the Intake referrals were rated as completely or substantially meeting this measure. Specifically, 350 (91 percent) were coded as “completely,” 30 (eight percent) were coded as “substantially,” and 3 (one percent) were coded as “marginally.”

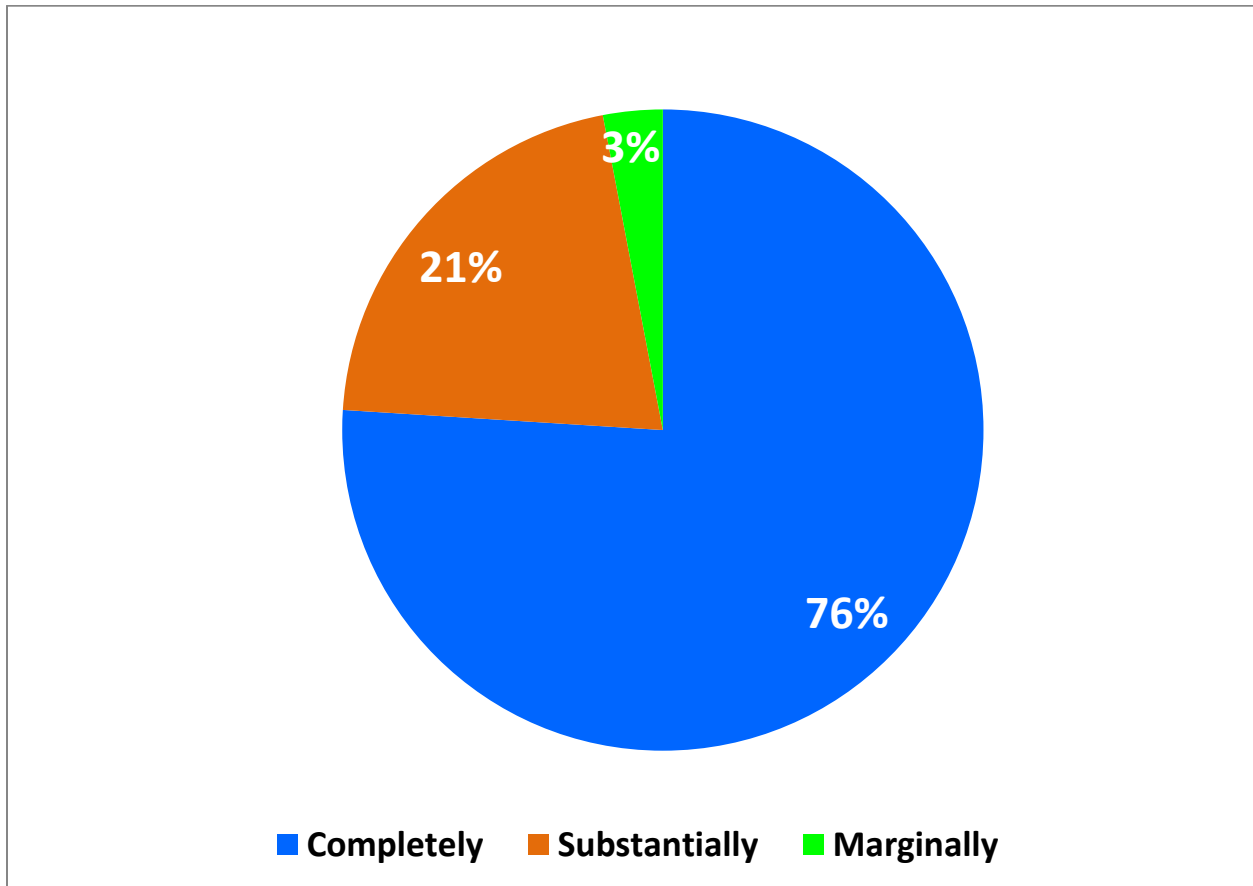
Did the Screener summarize the pertinent information regarding the concerns?

- For this measure, 96 percent of the Intake referrals were rated as completely or substantially meeting this measure. Specifically, 311 (81 percent) were coded as “completely,” 57 (15 percent) were coded as “substantially,” four (one percent) were coded as “marginally” and 11 (three percent) were coded as “not at all.”

Conclusion/Overall Impression

SCR calls were found to be of good quality. Overall, 97 percent of the Intake referrals were rated as completely or substantially meeting this measure. Reviewers found that 291 (76 percent) were of “completely” good quality, 80 (21 percent) were of “substantially” good quality, and 12 (three percent) were of “marginal” quality.

Figure 7: Overall Quality of SCR Calls (n=383)



Note. Percentages in the chart are rounded to the nearest whole number

Quality of Investigations Review



CHAPTER 3. QUALITY OF INVESTIGATIONS REVIEW

Purpose of the Review

As the identified child protection agency for the state, DCF is responsible for investigating allegations of child abuse and/or neglect, and taking necessary actions to assure the safety, permanency and well-being of children referred for services. This review looks at the overall quality of CP&P's investigative case practice.¹¹

A child abuse/neglect investigation begins at the point the Intake referral is sent from SCR to the designated county Local Office and concludes with the approval of the findings of the investigation by the responsible CP&P Supervisor. Decisions are made to open/maintain or close a family's CP&P case following an investigation based upon levels of risk to the child(ren) in the home and/or the service needs of the family. The investigations in this review included a variety of allegation types, levels of complexity, final investigative findings and case dispositions extracted from each of the 46 CP&P Local Offices.

The review assessed CP&P investigative practice in such areas as:

- *Pre and Post Investigation Caseworker-Supervisory Conferencing.* CP&P policy requires caseworkers and supervisors to conference investigations prior to a field response, after the initial contacts, and at the conclusion of the investigation in order to ensure a complete and thorough investigative process and sound decision-making.
- *Meeting the response times assigned by SCR to an investigation.* Caseworkers must see or interview alleged child victims within specific time frames determined by the nature of the allegations and suspected level of risk to child safety or demonstrate good faith efforts to do so.
- *Collecting all relevant information from child victims, family members, the historical record, community persons, the reporter(s), agency professionals and others in a timely manner in order to arrive at a valid finding and effective case resolution.* Through interviews and collateral contacts, the totality of available information is integrated into Structured Decision Making (SDM®) tools to include a Risk Assessment, Safety Assessment and a Child and Caregivers' Strengths and Needs Assessment to inform decisions about whether and how children can remain safely in their homes as well as provide information for short and long-term case planning.
- *Referring families to appropriate services to address immediate safety concerns; mitigate risk and current crisis and minimize the probability of a re-occurrence.* When family needs are identified, the caseworker must attempt to address them either through direct CP&P service provision or through referral to a more appropriate community provider.

¹¹ N.J.S.A. 9:6-8.11 Actions to ensure safety of child; investigation; report.

- *Making appropriate case decisions.* Children’s safety must be assured. Families whose circumstances are deemed unsafe or place a child at unacceptable risk of abuse and/or neglect and who need intervention must receive the appropriate type and level of intervention including, but not limited to, customized and effective case management, referrals to community resources and external professionals, emergency removal and the involvement of the Court as needed.

Sample

This review captured the results of a statistically valid and representative sample, of 327 CPS investigations involving 497 child victims that were assigned to CP&P Local Offices for investigation between February 1 and 14, 2016 (Investigations conducted by the Institutional Abuse Investigative Unit (IAIU) were excluded from the sample). In order to effectively assess the complete investigative process from assignment to case closure, only investigations completed as of June 30, 2016 were included.

The case types were as follows:

- 152 investigations on families with previously closed CP&P cases;
- 106 initial investigations involving families with no prior service history;¹²
- 48 new investigations on families with a CP&P case already open for services; and
- 21 additional Intake referrals on families with a pending/open investigation.

Data Collection Instrument

PMA staff with input from CSSP designed the data collection instrument. The data collection instrument from the 2014 review was revised in 2016 to improve interpretability of results. The instrument addressed the following topics (*indicates a section not always applicable to each case):

1. Timeliness
2. Conferencing
3. Safety and Risk Assessment
4. Identifying Information from Key Stakeholders
5. Collaterals
6. Completion
7. Overall Quality

Several summary rating questions were added to the instrument and reviewers were given the following instructions on how to determine their responses.

¹² NJ SPIRIT may contain information that the family requested information and referral for a community service(s) (I& R), had a simple inquiry (Information Only-IO) or were the subject of a call that required no action by CP&P (NAR).

The following terms in the rating questions are defined below and are to be assessed accordingly:

- "Completely" means that all of the essential elements of the component were met and assessed to meet the standard of quality.
- "Substantially" means that most, but not all of the essential elements of the component were met and assessed to meet the standard of quality.
- "Marginally" means that all, most or many of the essential elements of the component were barely within the lower standard or limit of quality.
- "Not at all" means all or most of the essential elements of the component were either absent or below the lower standard or limit of quality.
- "Not applicable" means that specific investigative component is not relevant to that specific investigation and is not being rated.

Basic Review Procedure

Reviewer Reference Sheets with basic sample and demographic information for each investigation were compiled and given to each reviewer to expedite survey completion. Reviewers were asked to read the hard copy of the investigation record and refer to the electronic record in NJ SPIRIT, DCF's Statewide Automated Child Welfare Information System, for additional information as needed, and then complete the structured survey tool created in the web-based application *SurveyMonkey™* software.

Data Analysis and Quality Assurance

Survey results were analyzed using *SurveyMonkey™* software and Excel. The administrative team for the review consisted of one member each from PMA and CSSP. The team's quality assurance work included a review of the first two and every fifth survey completed by each reviewer and, as needed, internal discussion on specific investigations during the course of the review. Of the 327 investigations, 80 (26 percent) received a full second review. Several questions allowed for explanatory notes and reviewer comments that were used to understand the answers submitted.

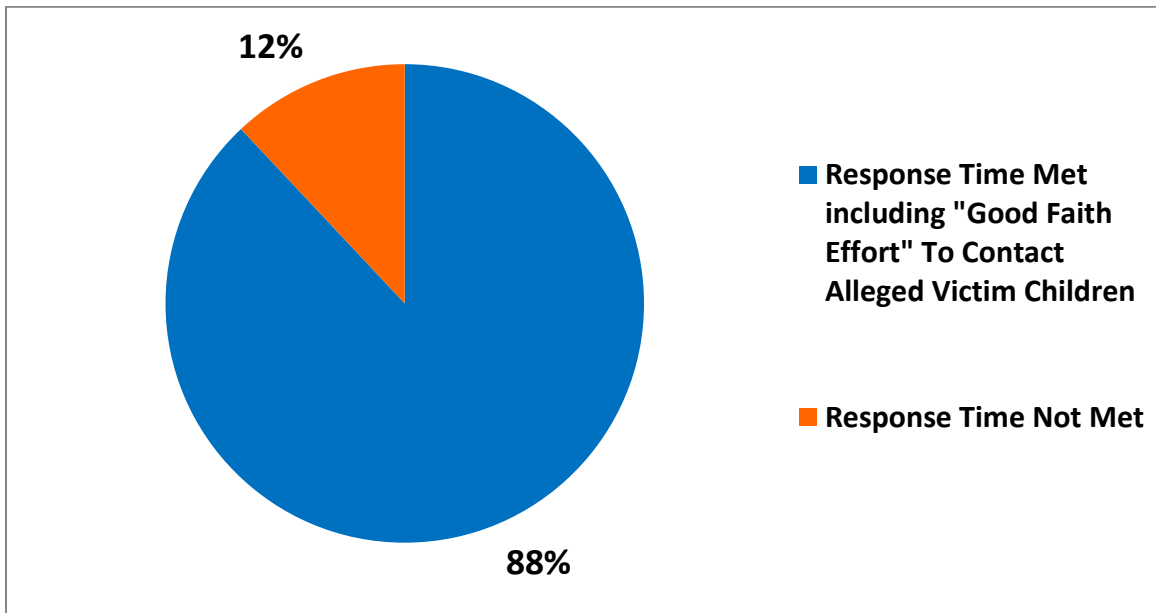
Results

Overall, this review reflects significant improvements in investigative practice when compared to the previous years. Reviewers found that investigations were either "Completely" or "Substantially" of Good Quality in 83 percent of cases reviewed. The most improved areas of practice include interviews with the father of the alleged child victim, which increased by 17 percent from the 2014 review and investigations completed within 60 days showed a 10 percent increase from 2014. Performance did not decline in any of the reviewed areas. For the first time, the 2016 investigation review evaluated the quality of pre-investigation and post-investigation conferences in achieving its goals. The results reflect acceptable ratings of 87 percent for pre-investigation and 82 percent for post-investigation conferences.

Timeliness

Investigation Response Timeliness. Policy requires that the alleged child victims be contacted, or diligent efforts made to do so (“Good Faith Efforts”), within either the *Immediate* or *24-hour* time frame assigned by SCR. As previously stated, there were 327 cases, which included 497 alleged child victims in the investigations that were reviewed. *Caseworkers met the required response time, contacting alleged child victims in 88 percent¹³ of the investigations (See Figure 8).* Specifically, the analysis of these records found that of the 327 cases reviewed 264 (81 percent) of the alleged child victims were seen within the required timeframe and in 23 (seven percent) of the cases; “Good Faith Efforts” were made. This finding reflects a seven percent increase from the 2013 review and a one percent increase from that of the 2014 review.

Figure 8: Investigation Response Time (n=327)



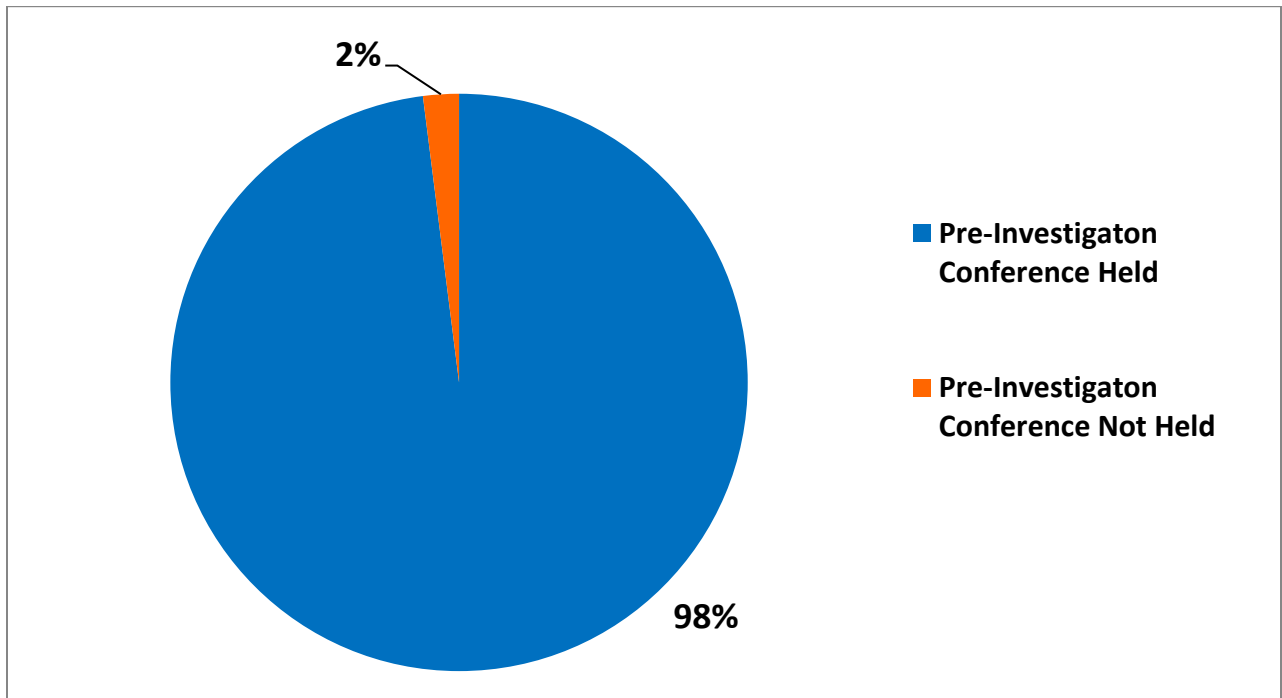
Source: DCF Investigative Practice Review, 2016

¹³ All percentages in this report are rounded to the nearest whole number.

Pre-Investigation Conferencing

Pre-Investigation Caseworker/Supervisor Conferences. Supervisors are required to strategize with caseworkers prior to the field response with respect to taking immediate action as necessary, safeguarding children, planning participant interviews, coordinating with system partners and other tasks essential to completing a thorough investigation. Of the 327 cases reviewed, pre-investigation conferences took place in 321 (98 percent; see Figure 9).

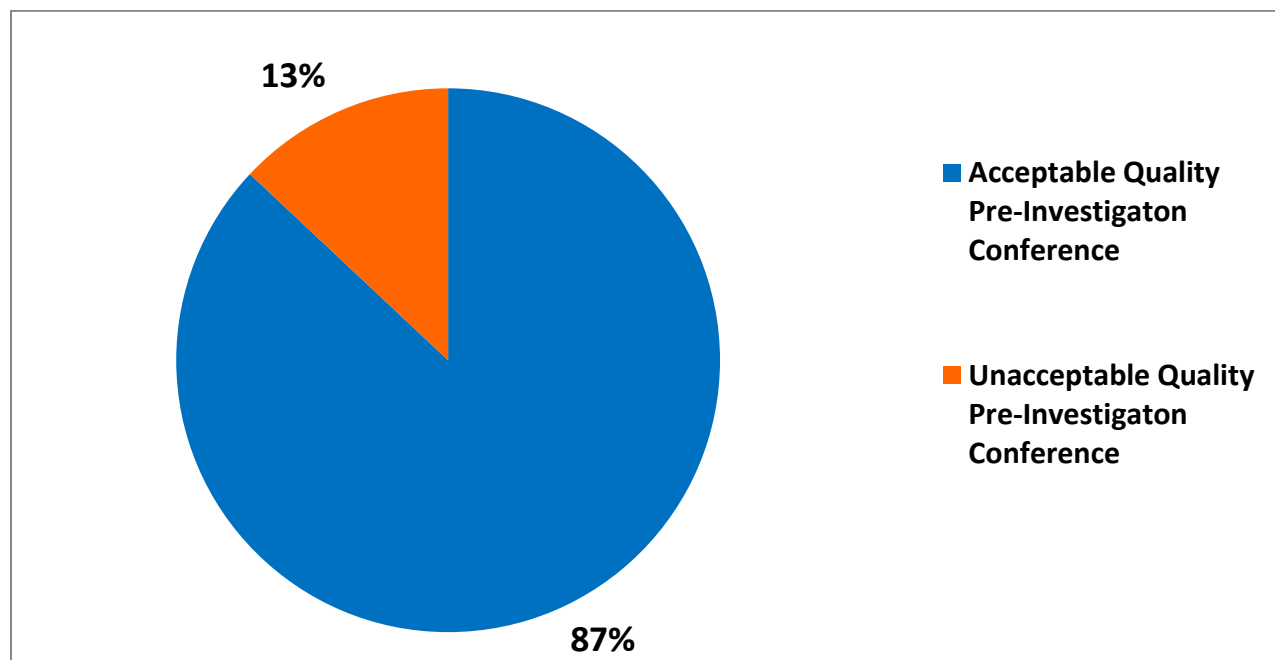
Figure 9: Pre-Investigation Conference (n=327)



Source: DCF Investigative Practice Review, 2016

Quality of Pre-Investigation Caseworker/Supervisor Conferences. The 2016 review also evaluated the quality of the pre-investigation caseworker/supervisor conferences in achieving its goals. The review found that the quality of the conferences rated as acceptable in 284 (87 percent) of the 327 investigations (see Figure 10).

Figure 10: Quality of Pre-Investigation Conference (n=327)



Source: DCF Investigative Practice Review, 2016

Safety Assessment and Risk Assessment

- *Safety Assessments.* Following the initial contact with the family, caseworkers are required to assess the child(ren)'s safety on a three tier scale: Safe; Safety Protection Plan Required (meaning that the children may remain in their home conditionally) and; Unsafe/Removal Required. The findings of the review revealed Safety Assessments were completed in 100 percent of the investigations. This finding is identical to that of the 2014 review. Additionally, reviewers agreed that the Structured Decision Making (SDM®) Safety Assessment responses were consistent with the information gathered throughout the investigation in 300 (92 percent) of 327 investigations. This finding reflects a three percent increase from the 2014 review.
- *Risk Assessments.* Prior to concluding an investigation, the caseworker must formally assess the level of risk present that may contribute to future abuse or neglect. In 100 percent of the investigations reviewed Risk Assessments were completed. This finding is also identical to that of the 2014 review. Additionally, reviewers completely agreed that the SDM® Initial Risk

Assessment responses were consistent with the information gathered throughout the investigation in 230 (70 percent) of 327 investigations.

Identifying Information from Key Stakeholders

- *Interviews with Mothers of Alleged Child(ren) victim.* Identifying and engaging the mothers of children is essential to protecting children from further harm and to collaborate with them to resolve identified issues. Caseworkers interviewed mothers of alleged child(ren) victim in 98 percent of the applicable cases. Specifically, in 470 of 480 applicable cases. These findings are based on the number of children rather than the number of cases.
- *Interviews with Fathers of the Alleged Child(ren) Victim.* Both best practice and policy require diligent efforts to locate fathers, and engage them in the investigative process. Interviews with the father of the alleged child(ren) victim occurred in 302 (82 percent) of the 368 applicable cases. This reflects an improvement in Investigator's ability to make contact with identified fathers. This finding reflects a 17 percent increase compared to the 2014 review. These findings are based on the number of children rather than the number of cases.
- *Interviews with the Caregivers of the Alleged Child(ren) Victim.* Identifying and engaging caregivers of children is essential to protecting children from further harm and to collaborate with them to resolve the identified issues. Interviews with the caregivers of the alleged child(ren) victim occurred in 200 (90 percent) of the 222 applicable cases. This is a new category added to the 2016 review.

Collaterals

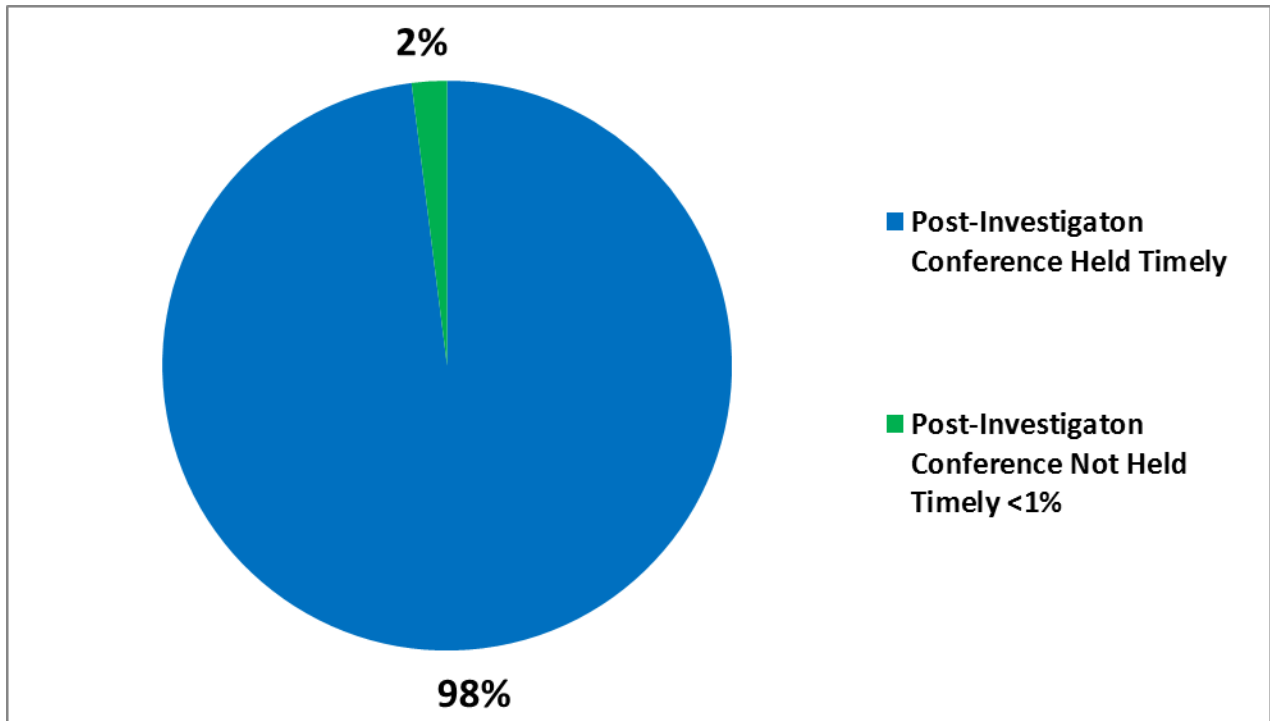
- *Solicitation and/or Collection and Documentation of Collateral Information.* The review found that in 273 (83 percent) of the 327 investigations, caseworkers solicited and/or collected and documented collateral information during the investigation from relevant sources in order to arrive at an accurate investigation finding.¹⁴ Seeking all available information pertaining to a family's functioning is essential to a quality investigation. Additionally, once that information is obtained, the record must reflect the integration of that information into the conclusions and investigative finding(s). Reviewers found collateral information was substantially integrated into the investigative process in 249 (76 percent) of the 327 investigations. This *integration* finding reflects a two percent increase from that of the 2014 review.

¹⁴ This component does not have a counterpart from the 2013 review as the question was revised in 2014 in order to more accurately assess case practice.

Post-Investigation Conferencing

Post-Investigation Caseworker/Supervisor Conferences. occurred before the close of the investigation in 98 percent of the investigations (see Figure 11). Supervisors are also required to review the case status with the investigation worker following the initial response and prior to arriving at a final disposition. Post-Investigation Caseworker/Supervisor Conferences occurred before the close of the investigation in 320 (98 percent) of the 327 cases reviewed. This finding reflects a one percent increase from that of the 2014 review.

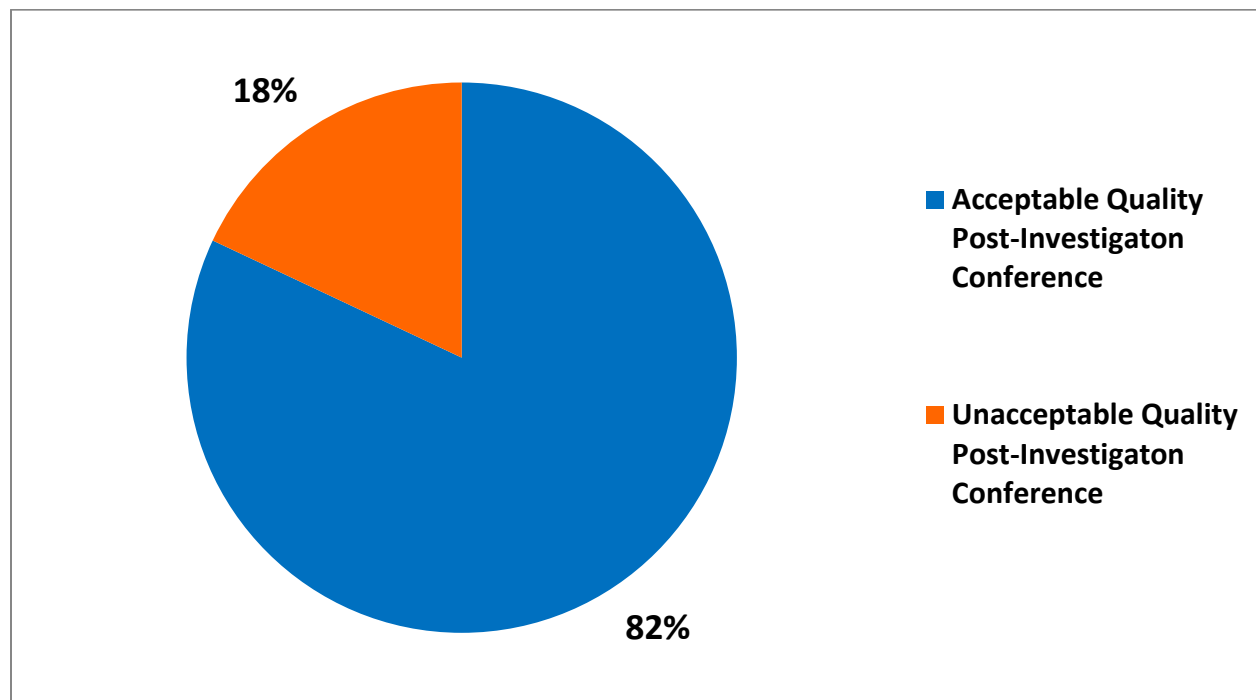
Figure 11: Timely Post-Investigation Conferences (n=327)



Source: DCF Investigative Practice Review, 2016

Quality of the Post-Investigation Caseworker/Supervisor Conferences. The 2016 review also evaluated the Quality of the Post-Investigation Caseworker/Supervisor Conferences in achieving its goals. The review found that the quality of the conferences rated as acceptable in 268 (82 percent) of the 327 investigations (see Figure 12).

Figure 12: Quality of Post-Investigation Conferences (n=327)



Source: DCF Investigative Practice Review, 2016

Completion

- *Investigations Completed in the required 60 Day Timeframe.* Caseworkers completed 292 of 327 investigations, within 60 days, as required by policy. There were also 15 approved extensions (Supervisory approval is required to extend the timeframe for good cause.). Ultimately, 307 (94 percent) of the 327 investigations were completed timely. This is a 10 percent increase in performance from the 2014 review.
- *Review of Case Findings.* The findings revealed that, reviewers completely or substantially agreed with the findings in 288 (88 percent) of the 327 investigations. The reviewers found that the decision to *substantiate* the allegation(s), *establish* the allegation(s), *not establish* the allegation(s) or determine the allegation(s) to be *unfounded* was accurate in the majority of the investigations.

Conclusion/Overall Quality

Overall, the reviewers found that 271 (83 percent) of the investigations were either *Completely or Substantially of Good Quality*. Specifically, 97 (30 percent) of the investigations met the criteria to be rated as *Completely of Good Quality* and 174 (53 percent) met the *Substantially of Good Quality* criteria. This overall finding is identical to that of the 2014 review.¹⁵

Sustainability and Exit Plan Requirements for Quality of Investigations

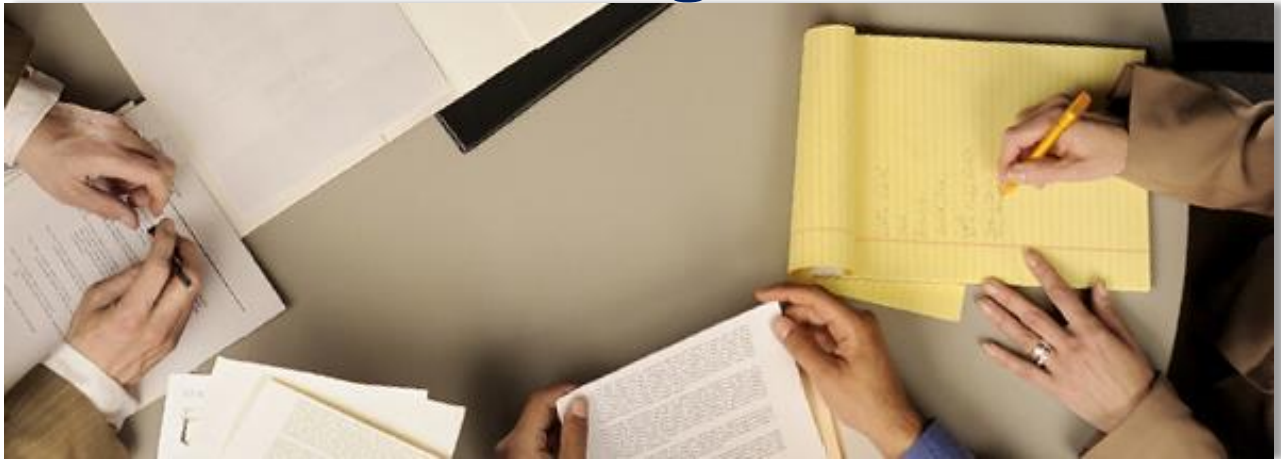
The SEP Quality of Investigations measure specifies that 85 percent of investigations shall meet the standards assessed during the Quality of Investigations Review process. As reported in the December 2017 DCF Commissioner's Dashboard¹⁶ performance as of December 31, 2016, revealed 271 (83 percent) of the cases reviewed were rated as a strength for the Quality of Investigations SEP measure. Quality of investigations will continue to be assessed and enhanced through DCF's CQI efforts.

¹⁵ While the wording of the questions from the two reviews varied, the outcome has been determined to be comparably reliable.

¹⁶ SEP Performance can be found at

http://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_12.17.pdf

Qualitative Review - Review Background and Process



CHAPTER 4A. QUALITATIVE REVIEW – REVIEW BACKGROUND AND PROCESS

Purpose of the Review

DCF engages staff, utilizes data systems, tools and case reviews; and collaborates with stakeholders (i.e., children, families, extended family, service providers, etc.) in identifying and targeting opportunities to improve services, processes and outcomes for the children and families. Much of the qualitative data is collected in various state and local case review processes. The QR is a primary way that DCF seeks to understand and monitor its work with children and families. The purpose of the QR is to appraise case practice and determine the extent to which planned strategies are working together, with supports and services, to produce results that show progress towards improved outcomes in the area of safety, permanency, stability and well-being. The contents of this report will focus on findings related to quality measures and indicators.

Sample

The QR sample for this report includes 195 randomly selected cases from the 10 counties in the state that were reviewed in CY 2016. The number of cases per county reviewed range from a minimum of 10 to a maximum of 30 depending on the percentage of children and young adults served in the county under review. The QR sample consisted of 146 out-of-home placement (OOH) cases; 49 in-home (INH) cases; and 32 Young Adults (YA, ages 18-21).

The QR process consists of record reviews, interviews, observations, and professional deductions gathered by trained reviewers. The QRs conducted in 2016 included:

- 195 Families
- 196 Reviewers
- 1,880 Interviews
- 137 Families impacted by substance use
- 110 Children, young adults and families impacted by mental health concerns
- 77 Families involved in domestic violence

Data Collection Instrument

The QR assesses DCF's performance in two main areas: *Child and Family Status Indicators* and *Practice Performance Indicators*.

Child and Family Status Indicators focus on safety, stability, permanency, well-being, and learning and development of children receiving DCF services. The specific indicators in this category include:

- Safety (Home and in Other Settings)
- Stability (Home and Educational)
- Living Arrangement

- Family Functioning & Resourcefulness
- Prospects for Permanence
- Emotional Well-Being
- Physical Health
- Learning & Development

Child and Family Status Indicators focus on situations observed for the child over the past 30 days. The focus for these indicators is placed on the dominant pattern observed during this timeframe. Stability is rated using a different time frame; the past 12 months or since the beginning of CP&P’s most recent involvement.

Practice Performance

Practice Performance Indicators mirror CP&P’s case practice model, focusing on areas such as engagement, teamwork and successful transitions. Practice Performance Indicators include:

- Engagement of Child and Family
- Teamwork and Coordination
- Ongoing Assessment Process
- Long-Term View
- Child and Family Planning Process
- Plan Implementation
- Tracking and Adjusting
- Provision of Health Care Services
- Resource Availability
- Family & Community Connections
- Successful Transitions

The *Practice Performance Indicators* focus on the practice observed for the child and family over the last 90 days. Like the *Child and Family Status Indicators*, the focus is placed on the dominant pattern observed over this time frame. However, the Successful Transitions Indicator is rated for either the past 90 or transitions that are anticipated to occur in the next 90 days.

Basic Review Procedure

QRs are conducted in each of New Jersey’s twenty-one (21) counties over a two-year period. Ten counties were reviewed in 2016; the eleven subsequent counties will be reviewed in 2017.

QR teams review the case record, and conduct multiple interviews including parent(s), children, caregivers, caseworkers and supervisors, and others who are important to the family including schools, service providers, and legal advocates. Reviewers assign a “rating” for each indicator based on guidance provided in the QR instruction manual and rating instrument.

DCF commonly uses two different systems for reporting QR findings - a two category system and a three category zone approach. The two category system is utilized to report QR findings for the SEP (see Figure 13.). The two categories, "Acceptable" and "Areas Needing Improvement" (ANI) correspond to a 1-6 rating scale:

Figure 13: QR Category System

STRENGTH

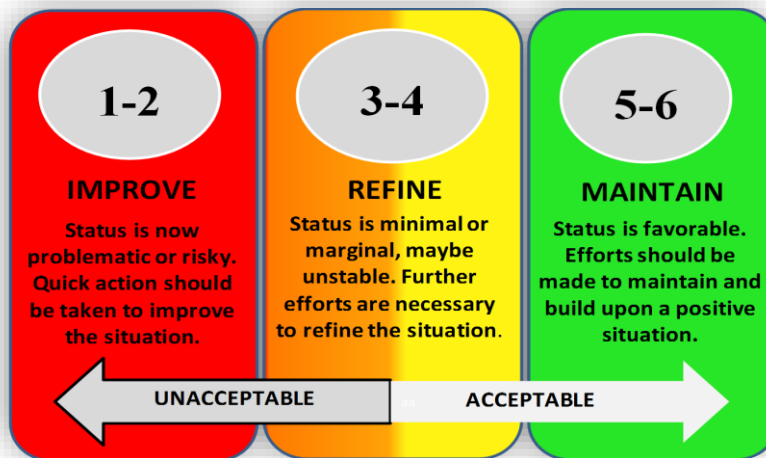
Area Needing Improvement			Acceptable		
Adverse	Poor	Marginal	Fair	Good	Optimal
1	2	3	4	5	6

NOTE:

- ✓ A case is considered a "strength" when ratings fall into the "Acceptable" range.
- ✓ An indicator is seen as a "strength" when 70 percent or more of all cases rated receive an "Acceptable" rating.

PMA presents QR data to the leadership and staff members of CP&P, using four Zones, which correspond to a 1-6 rating scale. Each zone is described in Figure 14. The refine zone is split into two to support interpretation of results.

Figure 14: QR Zones



Data Analysis and Quality Assurance

Following each QR, PMA issues a final report which outlines key themes from the review and notes the specific strengths and areas needing improvement that were identified during the review process. All data is maintained by PMA and submitted as part of New Jersey's Annual Progress and Services Report (APSR). After the review, a Program Improvement Plan (PIP) is developed locally for each county using a team of Area and Local Office staff. The improvement plan builds on strengths and addresses areas and domains needing improvement. The PIP is subsequently tracked for implementation by either County CQI Teams and updates are provided to PMA and CP&P leadership.

PMA oversees the QR quality assurance processes by ensuring that all QR reviewers successfully complete training, which contains a section on how to consistently apply the rating instrument and how to determine ratings. Reviewers are experienced staff at the administrative level across all DCF Divisions/Offices as well as various community stakeholders. Staff members from CSSP also participate in Qualitative Reviews. In 2016, CSSP staff members participated 9 of the 10 reviews. Reviewers participate in at least two reviews per year in order to continually build their skills.

PMA staff work to ensure that experienced reviewers, who serve as mentors, are paired with newer reviewers to provide guidance, a written evaluation, and plan for improvement. Each reviewer completes a self-assessment and plan for improvement. Experienced reviewers are eligible to become DCF Certified Qualitative Reviewers by participating in a process where the reviewer's assessment and rating of a case review are compared to the normative rating of national expert reviews. This process was developed to help ensure the reviewer maintains fidelity to the tool, to assess the rating abilities of the reviewer, and to promote inter-rater reliability.

Key Findings for Qualitative Review data collected in CY 2016 is provided in Chapter 4b.

CHAPTER 4B. QUALITATIVE REVIEW – RESULTS AND CONCLUSION

In this Chapter, DCF provides key findings for each indicator measured by the QR. Each section provides a description of the indicators, outlines how the indicator is measured and highlights key findings. In the results section, DCF presents data overall for in-home cases and for out-of-home cases.

The indicators outlined in this chapter include all of the indicators measured in the QR. The report highlights when an indicator is both a required measure under the SEP and part of DCF’s ongoing internal continuous quality improvement work (see Table 2).

Table 2: QR and SEP Indicator Table

Indicator	SEP Measure	DCF QR Indicator
Safety		✓
Stability		✓
Quality of Permanency (include the following indicators)		
Living Arrangement		✓
Family Functioning & Resourcefulness		✓
Prospects for Permanence		✓
Well-Being (includes the following indicators)		
Physical Health		✓
Emotional Well Being		✓
Learning and Development	✓	✓
Engagement of the Child and Family		✓
Teamwork & Coordination	✓	✓
Ongoing Assessment Process		✓
Long Term View		✓
Quality Case Planning (include the following indicators)		
Child and Family Planning Process	✓	✓
Plan Implementation		✓
Tracking and Adjusting	✓	✓
Provisions of Health Care Services		✓
Resource Availability		✓
Family & Community Connections		✓
Successful Transitions	✓	✓

SUMMARY OF KEY FINDINGS

The overall QR results for the 10 counties included in this report show that the Child and Family Status indicators are a strength. The overall strength rating for Child and Family Status for CY 2016 was 92 percent. The children in the sample were overwhelmingly found to be safe at home and in other settings, which reflects the core mission of CP&P. In addition, children were found to be stable in their living arrangements and their educational settings. This stability supported the children doing well in their emotional well-being and learning and development. Areas needing refinement in the *Child and Family Status* indicators included Prospects for Permanence and Family Functioning and Resourcefulness. Ensuring that children have an achievable permanency plan, that is actively being worked towards would enhance outcomes for children and families. In addition, providing opportunities for caregivers to take control of their situation and make changes in order to provide for their families, independent of the child welfare system, would enhance the caregivers' functioning and resourcefulness.

The overall results for the Practice Performance Indicators, identifies that there is still some work to be done in regard to our work with children and families. The overall strength rating for Practice Performance for CY 2016 was 57 percent. There are successes in regard to CP&P's work with resource parents in terms of engagement, assessment and planning. In addition, engagement and assessment of young adults has also been identified as a strength. The challenges with working with biological parents in terms of engaging them in the planning process and identifying their underlying needs are areas that have been recognized for improvement across counties. An additional area identified for strengthening is teamwork and coordination. Families often have formal and informal supports identified, however stronger collaboration among team members would enhance planning processes. Building upon the strengths in working with resource parents and children/young adults, will enable CP&P to identify successful skills and strategies to replicate in the work with parents. With an enhanced focus on our work with biological parents and their teams, CP&P can expect to see improved results in the Practice Performance Indicators.

This reporting process revealed areas of strength and areas needing improvement with regards to service delivery provisions and execution of CP&P's case practice model. The various facets of the QR process and other internal data processes will continue to inform and guide areas such as service array, policies and practices within every office and division under DCF. As part of our reporting process it is also important to acknowledge the implementation of practice efforts that have led to meaningful and change for our children and families. In Figure 40 we offer some examples of effective case practice in action.

QR - Child and Family Status Indicators



Qualitative Review Child and Family Status Indicators

QR Indicator: Safety

Overview: Safety

Children are safe when they are free from risk of physical abuse, neglect, intimidation and fear by parents, family, caregivers, peers or anyone with whom they interact. Safety is a core component of DCF's mission. In order to fully address safety, caseworkers must use various means in order to engage and complete a comprehensive assessment related to the needs of children and their families. This philosophy aligns with the ASFA goals and guidelines, which require safety of all children, to be a paramount concern in every step of case planning and included in system review processes in child welfare systems.¹⁷

All children have a right to live in a safe and stable environment. DCF measures safety by closely tracking outcome data, using administrative data and by assessing safety in the QR process. DCF publishes a separate report, entitled *New Jersey's Child Welfare Outcome Report*, which focuses on outcomes that are generated from administrative data. In addition, DCF also assesses safety using the QR process. The Safety indicator, as measured by the QR, examines the degree to which children are protected from abuse, neglect, and (sexual) exploitation in their daily settings, learning, working and recreational environments. It assesses whether children are free from unreasonable intimidation and fear at home and school. The review process for this indicator verifies whether parents and caregivers are providing the attention, actions, and supports necessary to protect children from known risks of harm. The purpose of analyzing safety from this comprehensive lens is to ensure that children are safe across all settings, not engaging in any high risk activities (i.e., gang activity, substance use, suicidal ideations, etc.), and that there is a safety protection plan in place when safety concerns are identified. As part of this process, the review also confirms the degree to which all adult caregivers and informal and formal supports in a child's life share the responsibility of maintaining safety for a child.

Description of Measurement: Safety

Safety is assessed at home and in other settings. Safety at home focuses on whether children are safe at home with fully reliable and competent parents/caregivers who protect their well-being. It assesses the degree to which children are vulnerable to any specific threats of harm to themselves or others. Safety in other settings focuses on the extent to which children are free from intimidation or known risks of harm in environments such as their communities, schools and neighborhoods. Both assessments of the Safety indicator use the same domains, which include Safety Status, Daily Living and Window of Evaluation. The reviewers incorporate information collected from each domain to determine one rating for Safety at home and another for Safety in other settings. The six point rating scale is used (see page Chapter 4a). In both instances, the focus period under review is the past 30 days. DCF uses the indicator

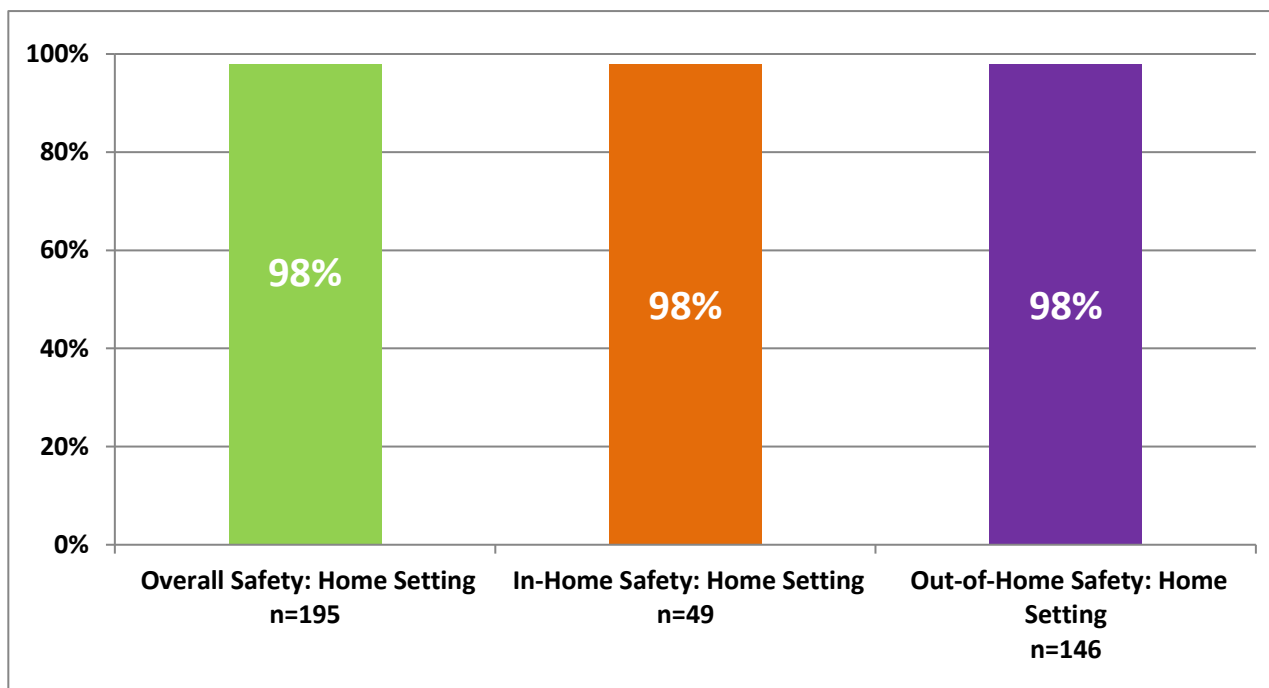
¹⁷ Retrieved from: <https://training.cfsportal.acf.hhs.gov/section-2-understanding-child-welfare-system/2999> (accessed December 5, 2017).

rating for Safety-Home and Safety-Other Settings for internal continuous quality improvement purposes. These indicators are not a required a measure of the SEP.

Results: Safety

Safety at Home. An analysis of this indicator revealed that the majority of the cases reviewed for the 10 counties achieved a strength rating for safety at home (see Figure 15). A noteworthy finding revealed that this indicator achieved a 98 percent strength rating overall and for in and out-of-home cases.

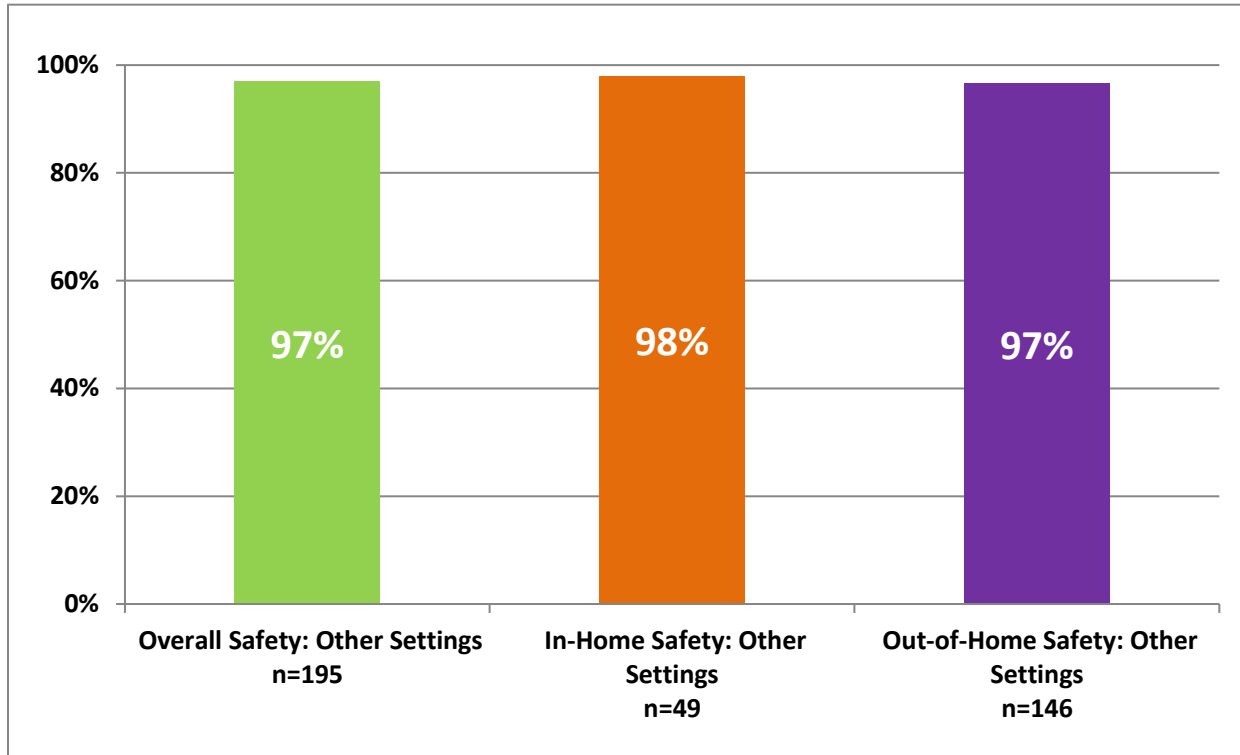
Figure 15: Safety at Home



Source: QR Indicator Summary Data, 2016

Safety in Other Settings. Like the Safety at Home indicator, the majority of the cases reviewed for this report achieved a strength rating for Safety in other settings. Children in out-of-home placement achieved a 97 percent strength rating for Safety in Other Settings (see Figure 16).

Figure 16: Safety in Other Settings



Source: QR Indicator Summary Data, 2016

QR Indicator: Stability

Overview: Stability

Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust and optimal social-emotional development. Life skills, behavioral traits, and habits are developed through enduring relationships that children have formed with key adults throughout their lives. DCF recognizes the importance of stability and considers it a significant component of CP&P's mission and case practice model. In child welfare, stability is generally associated with children experiencing minimal placements and achieving permanency. CP&P staff considers stability when making decisions and when collaborating to develop case plans and goals. For children and families involved with DCF, stability also includes ensuring children are able to maintain relationships and educational stability.

The QR process assesses CP&P's ability to maintain stability for children/young adults. The Stability indicator examines the degree to which children are stable at home, school and in the community. It also verifies whether appropriate supports and services are being provided to promote and reduce the probability of disruption for children served by CP&P, assess the number of placement/home settings children experience in the past year and determines if the children are living in an environment that can be sustained if reunification is not possible. The review process also assesses if children have positive and enduring relationships with primary caregivers, key adult supporters and peers over the last 12 months.

Description of the Measurement: Stability

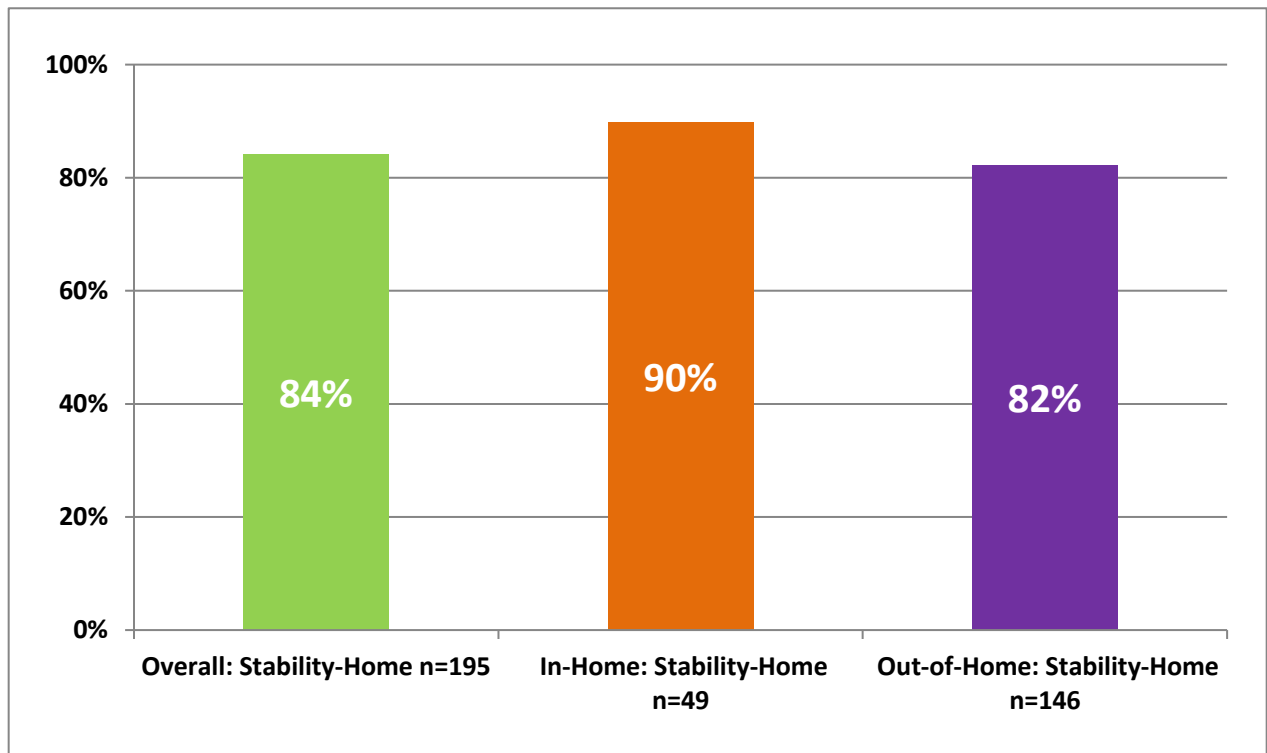
Stability at Home focuses on whether children have remained in the same home/placement with no present risk of disruption and limited potential for unplanned changes. The domains included in the Stability indicator include Degree of Stability, Relationships and Expected Changes. These domains are all considered when the reviewer generates a rating for stability at home and a rating for stability at school. DCF's measurement of Stability is used for internal continuous quality improvement purposes and is not a required a measure of the SEP.

Results: Stability

The charts below provide an analysis of the strength ratings for Stability.

Stability at Home. The majority of cases reviewed received a strength rating. Noteworthy findings revealed 90 percent of the cases reviewed for children served in-home achieved a strength rating followed by 82 percent of the cases reviewed for out-of-home placements (see Figure 17). Overall, 84 percent of the cases reviewed received a strength rating for stability at home.

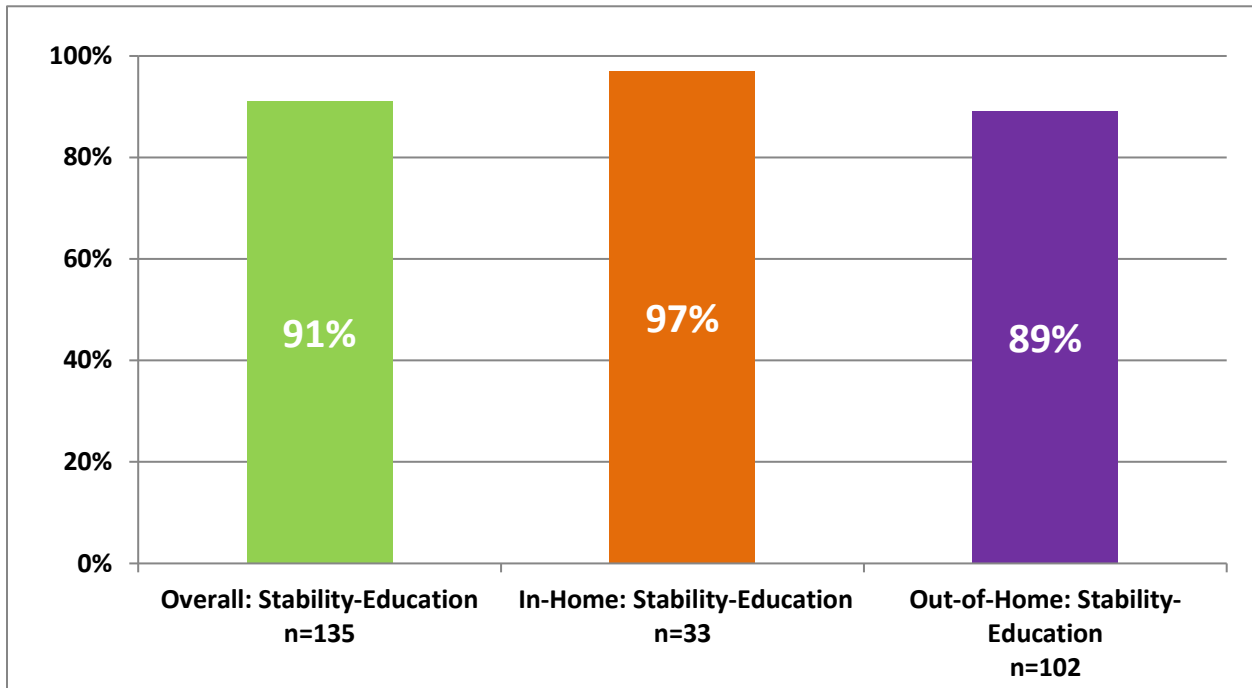
Figure 17: Stability at Home



Source: QR Indicator Summary Data, 2016

Stability in Education. Stability in Education focuses on whether children remain in the same educational setting and have positive and supportive learning environments with limited potential for unplanned changes. An analysis of the data revealed a majority of the cases reviewed achieved a strength rating for Stability in education. Children in-home achieved a 97 percent strength rating (see Figure 18), and children in out-of-home placement received an 89 percent strength rating (see Figure 18).

Figure 18: Stability-Education



Source: QR Indicator Summary Data, 2016



Permanency Related QR Indicators: (Living Arrangement, Family Functioning and Resourcefulness, and Prospects for Permanence)

Overview: Permanency Related Indicators

Child welfare agencies are responsible for ensuring the safety of children in their own homes and to support families in achieving family stabilization and success beyond case closure. When it is not possible to maintain children in their own homes, CP&P must ensure that children who enter out-of-home placement are discharged to stable caregivers and safe and permanent homes in a timely manner. Best practice dictates that CP&P staff partners with informal and formal supports to plan and team around children and their families from the time a child enters placement to case closure. While working towards reunification with the parent/guardian, CP&P uses a concurrent planning process of actively working two permanency plans so that the team will be prepared to shift focus if reunification cannot be obtained.

Safely ending a family's involvement with CP&P by achieving permanency through reunification¹⁸, kinship legal guardianship¹⁹ or adoption²⁰ is a primary focus of collaboration with children and their families from their initial involvement with DCF. Ultimately, permanency for children in placement is achieved when children are living in homes that the child, caregivers and other stakeholders believe will endure throughout a child's life. In addition to striving to ensure children in placement achieve and meet the federal timelines for permanency, DCF also examines the quality of this process through the QR analysis of the Permanency related indicators. These indicators include Living Arrangement, Family Functioning and Resourcefulness and Prospects for Permanence. The goal of this process is to not only ensure children are achieving timely permanency, but to ensure families have the tools and supports in place to sustain successful permanency.

Living Arrangement. DCF and CP&P leadership and staff members understand the importance of ensuring that each child involved with child welfare is in the most appropriate living arrangement. A child's home community is the least restrictive, most appropriate, inclusive setting in any location in which the child may live, learn, work and play. In understanding this philosophy children should remain in their own homes and communities (when safe). If children must be removed from their homes, all efforts must be made by CP&P to locate appropriate relative or kinship placements within the local community to maintain familial and community connections. There are some instances where children with special needs may require therapeutic settings that are the least restrictive, most appropriate and inclusive to support the child's needs.

¹⁸ A form of permanency where the child in placement is returned to his or her principal caregiver(s)'s home from whom they were removed.

¹⁹ A form of permanency where relative or a family friend are identified as a caregiver who is awarded custody by the court and is willing to assume care of a child due to parental incapacity, with the intent to raise the child to adulthood. In this form of permanency, the parental rights are typically not terminated. See N.J.S.A 3B:12A-1-6 *et seq.*; N.J.S.A. 30:4C-84.

²⁰ Adoption is the legal transfer of all parental rights and responsibilities from the birth and/or legal parent to another person who desires to assume those rights and responsibilities see Policy Manual (CPP-III-B-4-400) Case Goals.

Family Functioning and Resourcefulness. Family functioning and resourcefulness assesses a family's ability to become self-directed and develop the skills necessary for its members to live safely and function successfully. It assesses whether caregivers are willing and able to provide children with guidance, assistance, supervision and support necessary for appropriate growth, development and well-being. CP&P supports family members in taking control of their family dynamics and situations. Families should be provided with effective and sustainable supports to meet any extraordinary demands of the caregiver. This work also assists with ensuring families are well-connected to essential support systems and have trusting relationships with their extended family, friends and community. This analysis also incorporates verifying the families willingness to take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being.

Prospects for Permanence. Children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, resource or adoptive family. CP&P strives to ensure children do not enter placement unnecessarily and do not leave DCF's supervision without a permanent and stable family living situation. Permanency does not only suggest a stable living environment, but also stable caregivers and peers who are poised to provide continuous supportive relationships and consistent parental/caregiver commitment and affection.

Ideally, children who enter placement should be living in a safe, stable, appropriate and permanent home within 12 months of removal with no more than one interim placement. In order to increase the probability of children achieving permanency in this time frame, CP&P provides intensive supports and services that meet the overall needs of children and their families when applicable. Ultimately, permanency is achieved when the child is living in a home that the child, caregivers and other child and family team members believe will continue until the child becomes independent. Therefore, safety stability, and adequate caregiver functioning are essential conditions of permanency for children and young adults in supporting their overall needs and well-being.

Description of Measurement: Permanency Related QR Indicators (Living Arrangement, Family Functioning and Resourcefulness, and Prospects for Permanence)

Successful permanency in the QR is assessed using the three indicators described above; living arrangement, family functioning and resourcefulness and prospects for permanency. Each indicator consists of its own set of domains. Reviewers consider each domain and generate a rating for each case. DCF uses all three of these indicators for internal continuous quality improvement purposes. These indicators are not required measures of the SEP.

Living Arrangement. The living arrangement indicator examines if the living arrangements is optimal for meeting the overall needs and well-being for all children. It assesses if children are placed with siblings if appropriate, and if children are living in the least restrictive environment providing the appropriate levels of supervision. Living arrangement also assesses if children are able to remain consistently well connected to their home communities. The domains that make up the Living

Arrangement indicator in the QR protocol include Status, Match to Needs and Linkage with Home Community.

Family Functioning and Resourcefulness. Family Functioning and Resourcefulness examines whether a family is self-directed and has the skills necessary for its members to live safely and function independently. It assesses if the home is safe, stable and well-connected to essential supports in the extended family, neighborhood and community. The three domains that make up the Family Functioning and Resourcefulness indicator in the QR protocol include Status (i.e. family members are in control of the family's issues and situation and have effective and sustainable supports in place to meet any extraordinary demands on the caregiver), and Level of Functioning and Supports.

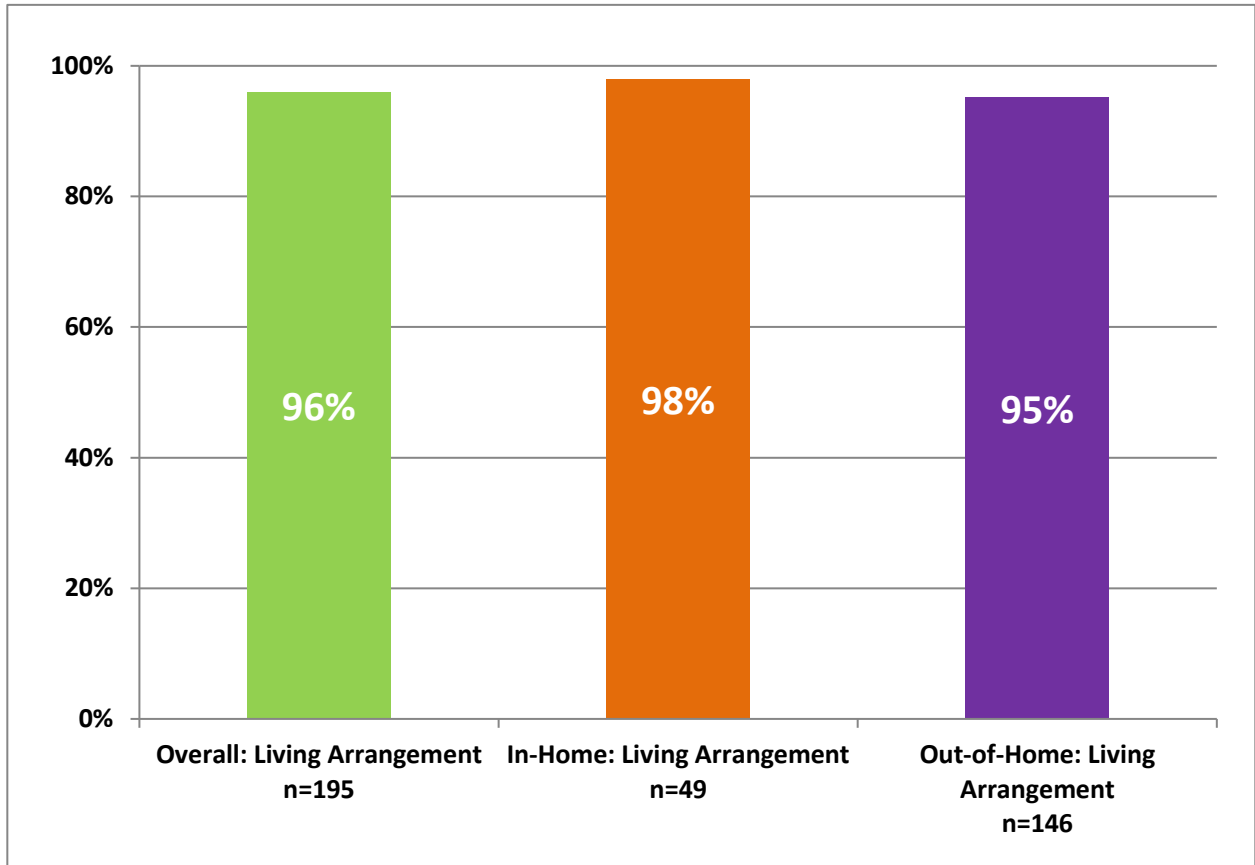
Prospects for Permanence. Prospects for Permanence examines whether children are on a path to achieve permanency or establishing lifelong connections. It assesses if identified risks have been eliminated and stability has been sustained over time for children residing with their parent(s). It also examines if there is a (concurrent) plan being implemented for children not residing with permanent caregivers. The three domains that make up the Prospects for Permanence indicator in the QR protocol include Status (i.e. Child has achieved permanency and lives in a family setting or established lifelong connections), Evidence and Sustainability

Results: Permanency Related QR Indicators (Living Arrangement, Family Functioning and Resourcefulness, and Prospects for Permanence)

Assessing permanency for all children in placement provides CP&P with insight related to strengths, areas of improvement and emerging trends. This information is used as a guide to inform practice and teaming and decision making related to strengthening successful and sustained permanency for all children and families.

Living Arrangement. An analysis of the data found that a majority (see Figure 19) of the cases reviewed achieved a strength rating for each category. Children living *in-home* had the highest strength rating at 98 percent with children in *out-of-home* placement achieving a 95 percent strength rating. Of all the cases reviewed for Living Arrangement 96 percent received a strength rating.

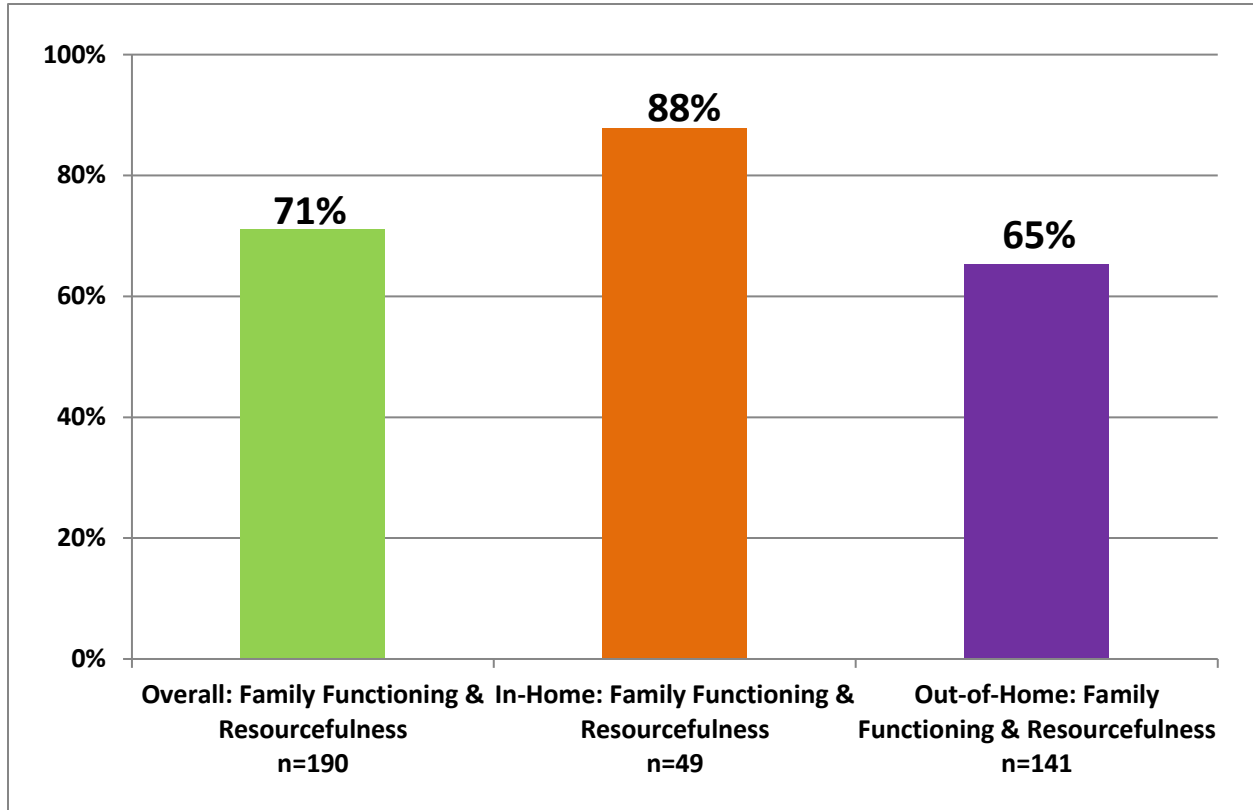
Figure 19: Living Arrangement



Source: QR Indicator Summary Data, 2016

Family Functioning and Resourcefulness. Figure 20 provides an analysis of the 2016 QR Summary Data for overall, in-home and out-of-home for Family Functioning and Resourcefulness. The findings revealed that of all the cases reviewed, families served *in-home* achieved the highest strength rating of 88 percent. In addition, of all the cases reviewed for the *out-of-home* placement population 65 percent achieved a strength rating. Seventy-one percent of all the cases reviewed received a strength rating for Family Functioning and Resourcefulness.

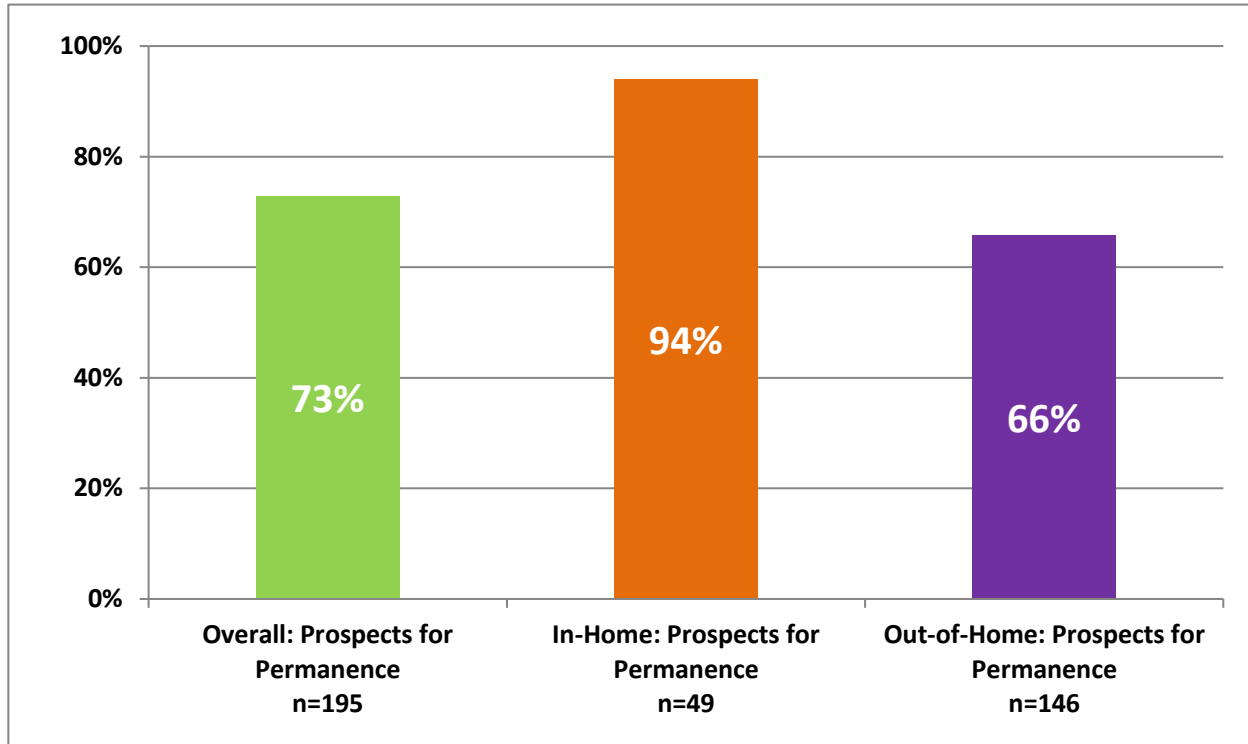
Figure 20: Family Functioning and Resourcefulness



Source: QR Indicator Summary Data, 2016

Prospects of Permanence. Figure 21 provides an analysis of the 2016 QR Summary Data for overall, in-home and out-of-home for Prospects of Permanence for the cases reviewed. The analysis found that of all the cases reviewed, families served *in-home* achieved the strength rating of 94 percent; which was higher than *out-of-home* cases. The out-of-home cases achieved a strength rating of 66 percent.

Figure 21: Prospects of Permanence



Source: QR Indicator Summary Data, 2016

Well-Being Related Indicators (QR Indicators: Emotional Well-Being and Physical Health)

Ensuring the well-being of all children is a priority of DCF and is incorporated in our mission, vision, policies and practices. Well-being is also incorporated into the core values and principles of CP&P's case practice model (CPM). The CPM outlines the need to provide relevant services to children and families to meet their identified needs and promote children's development, education and physical and mental health. Attending to well-being concerns while children are young provides basis for success and self-sufficiency as adults. DCF examines the quality of well-being through the QR analysis from a holistic perspective by assessing both physical health of the child and emotional well-being.

Assessing the physical health and emotional well-being of children with DCF involvement ensures that well-being related concerns are being documented and addressed through cohesive teaming and the provision of appropriate supports and services. Examining well-being through the lenses of physical health and emotional well-being provides information to assist CP&P staff members and serves as a guide to inform practice, teaming and decision making related to strengthening the overall well-being for all children, young adults and families in CP&P placement.

Emotional Well-Being. Well-being begins with having a sense of person, purpose, and emotional connections. Children learn to respond, enjoy and cope with their relationships and environments from birth through adolescence. Emotional well-being for children and young adults indicates that they have a feeling of self-worth, a sense of belonging, attachment and affiliation. It reflects their abilities to give and accept nurturing, friendships and affection. A child or young adult's ability to be realistically aware of his or her positive attributes, accomplishments, potential and areas of limitations is a reflection of his or her emotional well-being. It also influences a child's or young adults' ability to identify with adults as appropriate role models and supports and gives a sense of being able to manage problems and handle issues effectively. Ultimately, emotional well-being is usually present in children and young adults who have developed resiliency.

Physical Health. Ensuring children and youth served by the department receive and have access to quality health care is essential to ensuring each child reaches his or her full potential when taking medical and mental health diagnoses, prognoses and history into account. CP&P makes continuous efforts to ensure all children served by the department have access to quality care, their basic physical needs met and that they are in good health. There are also comparable efforts made to ensure children with physical health ailments and chronic conditions are making progress with symptom reduction and improved conditions. In cases where children receive prescribed medication, staff members ensure the prescribing doctor is regularly monitoring the effectiveness of the medication. Proper medical, dental and oral health care is necessary for maintaining overall good health.

Description of Measurement: Well-Being Related Indicators (Emotional Well-Being and Physical Health)

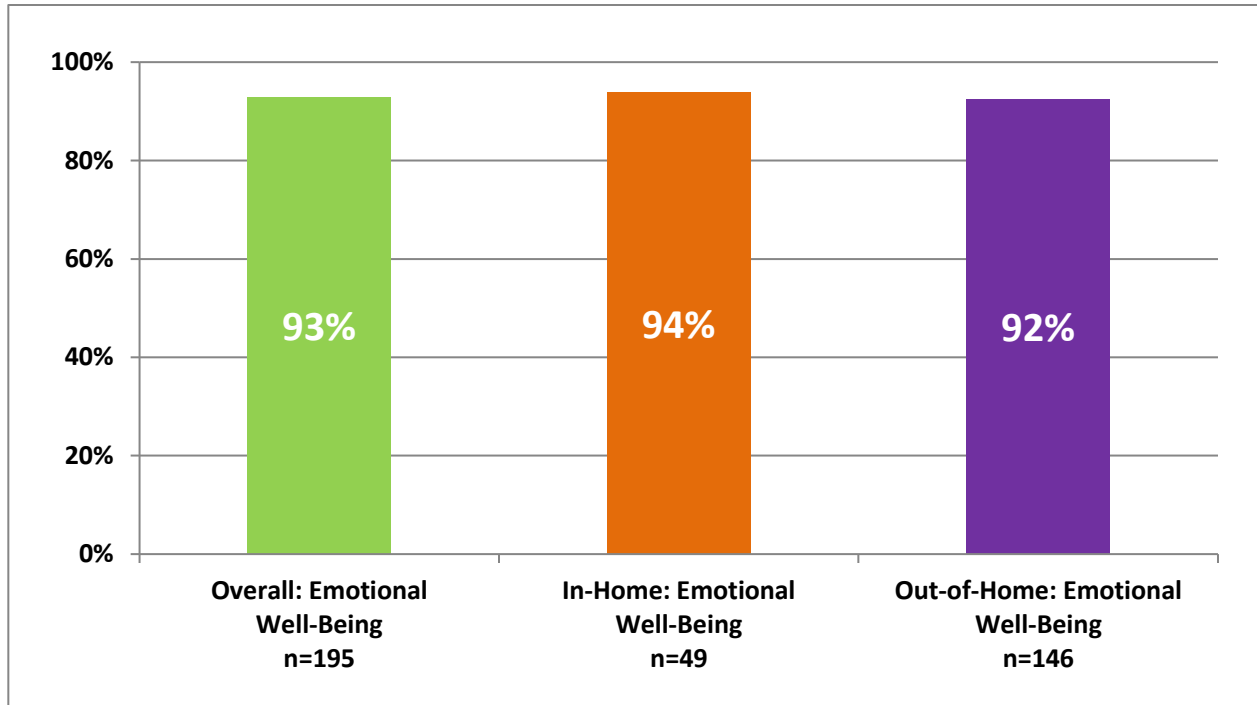
Emotional Well-Being. This indicator focuses on whether children and young adults present age-appropriate emotional and behavioral well-being in their home and school settings that are consistent with their age and abilities. It also identifies that children and young adults have enduring supports with their parents, caregivers and friends. This indicator also examines whether children and young adults have been emotionally and behaviorally stable and functioning well in all key areas of social/emotional development and life adjustments for an extended time period. When reviewers rate this indicator, they consider the domains of Status, Relationships and Stability/Functioning and produce a rating for each case. DCF uses the examination of the indicator for internal continuous quality improvement purposes; however, Emotional Well-Being is not a required measure of the SEP.

Physical Health. The Physical Health of the Child indicator examines whether children are in good health and their basic physical health needs are met. It also assesses if children are receiving routine preventive health care services on a timely basis such as periodic examinations, immunizations, and screenings for possible developmental or physical problems. The domains assessed by reviewers include Status, Routine Health Care and Acute or Chronic Needs

Results: Well-Being Related QR Indicators (Emotional Well-Being and Physical Health)

Emotional Well-Being. New Jersey children received high scores for emotional well-being. Ninety-three percent of the cases reviewed for this report received a strength rating for emotional well-being. The cases reviewed for children served *in-home* achieved a 94 percent strength rating, while children in *out-of-home* placement achieved a 92 percent **strength** rating (see Figure 22).

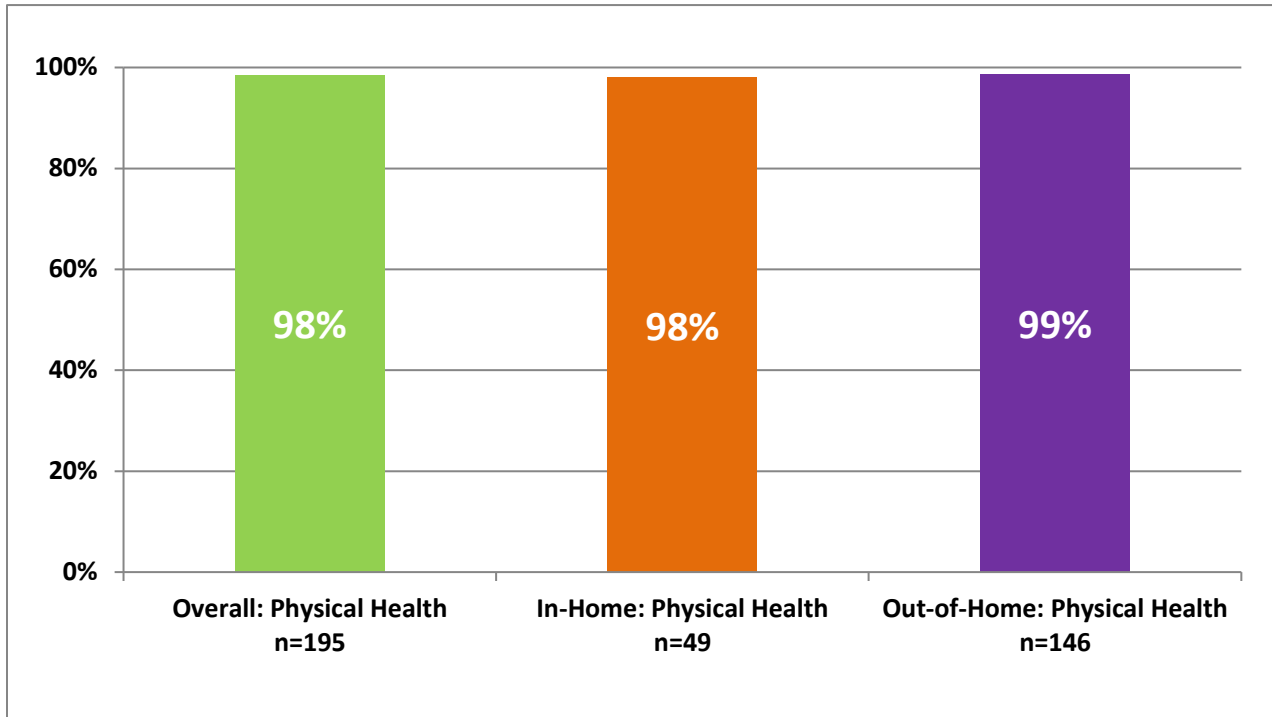
Figure 22: Emotional Well-Being



Source: QR Indicator Summary Data, 2016

Physical Health. As indicated in Figure 23 the majority of the cases reviewed for this report achieved a strength rating for each category. Specifically, 99 percent of the *out-of-home* cases and 98 percent of *in-home* cases achieved a strength rating.

Figure 23: Physical Health Results



Source: QR Indicator Summary Data, 2016

QR Indicator: Learning and Development

Overview: Learning and Development

Learning and Development assesses a child's current developmental status in all major functional areas, based on normal developmental milestones. CP&P works to ensure children receive all necessary services to support development. Progress in this area is focused on a child's developmental and educational progress and his or her ability to learn and demonstrate practical capabilities in major life areas that are also consistent with age and abilities. Children should be learning and progressing at rates that will enable them to become successful.

Description of Measurement: Learning and Development

The Learning and Development indicator for children focuses on whether children are meeting educational or developmental milestones. Additionally, it examines if children experience age appropriate physical, emotional and social development. This indicator is grouped for Learning and Development of Children under age 5 and Learning and Development for Children age 5 and over. The domains that make up the Learning and Development indicator for children under 5 years old include Development and Supports/EIP/IEP. The domains that make up the Learning and Development indicator for children 5 years and older include Engagement Level, Learning and Skill Acquisition and Development. Reviewers consider each of the domains when developing a rating for each case.

Learning and Development ratings are used both for internal continuous quality improvement purposes and as a required a measure of the SEP. The SEP Educational Needs measures specifies that 80 percent of cases will be rated as acceptable as measured by the QR process in both the Stability (school) and Learning and Development Indicators. As reported in the December 2017 DCF Commissioner's Dashboard²¹ SEP performance as of December 31, 2016, revealed 87 percent of the cases reviewed were rated as a strength for the Educational Needs SEP measure.

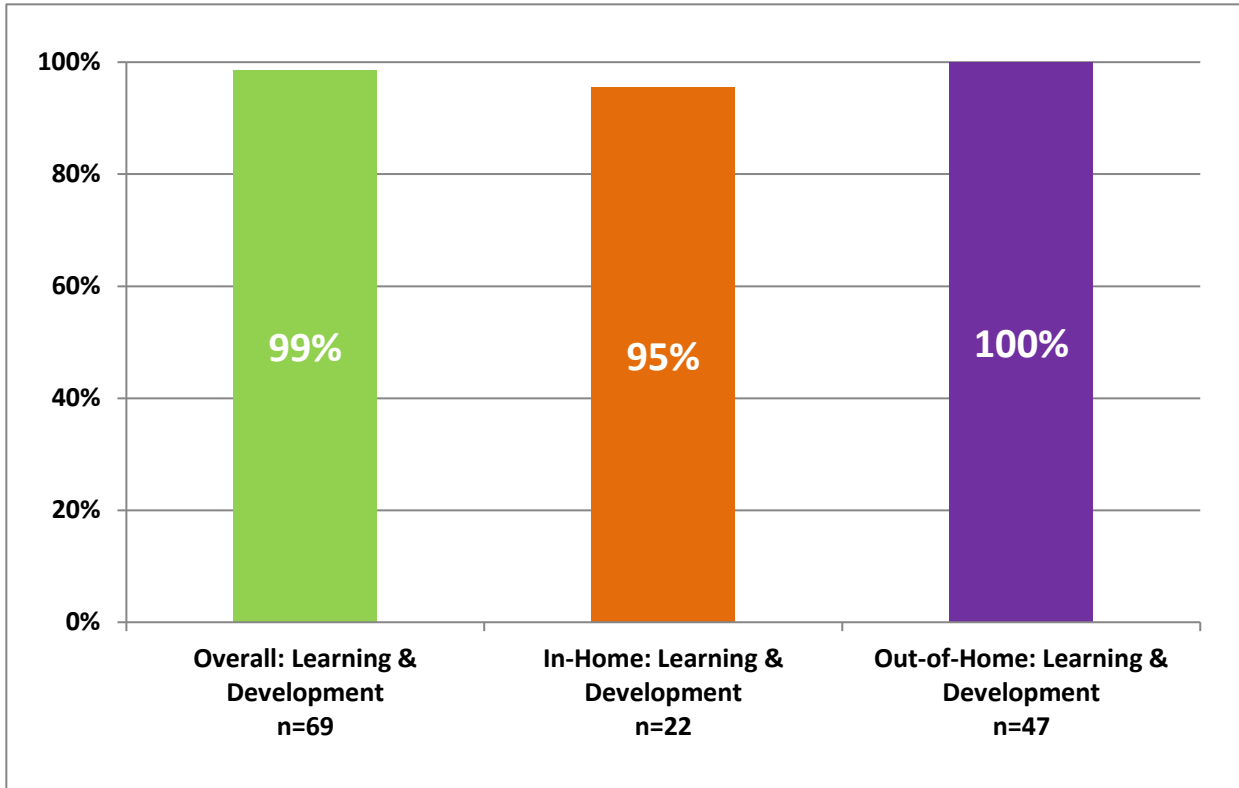
²¹ SEP Performance can be found at http://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_12.17.pdf

Results: Learning and Development

Learning and Development, Ages Five and Under. An analysis of the data revealed majority of the cases reviewed for this report for children ages five and under achieved a strength rating for Learning and Development (see Figure 24). A noteworthy finding found 100 percent of the case reviewed for the *out-of-home* population earned a strength rating. Additionally, 95 percent of the cases reviewed for the *in-home* population achieved a strength rating for Learning and Development.



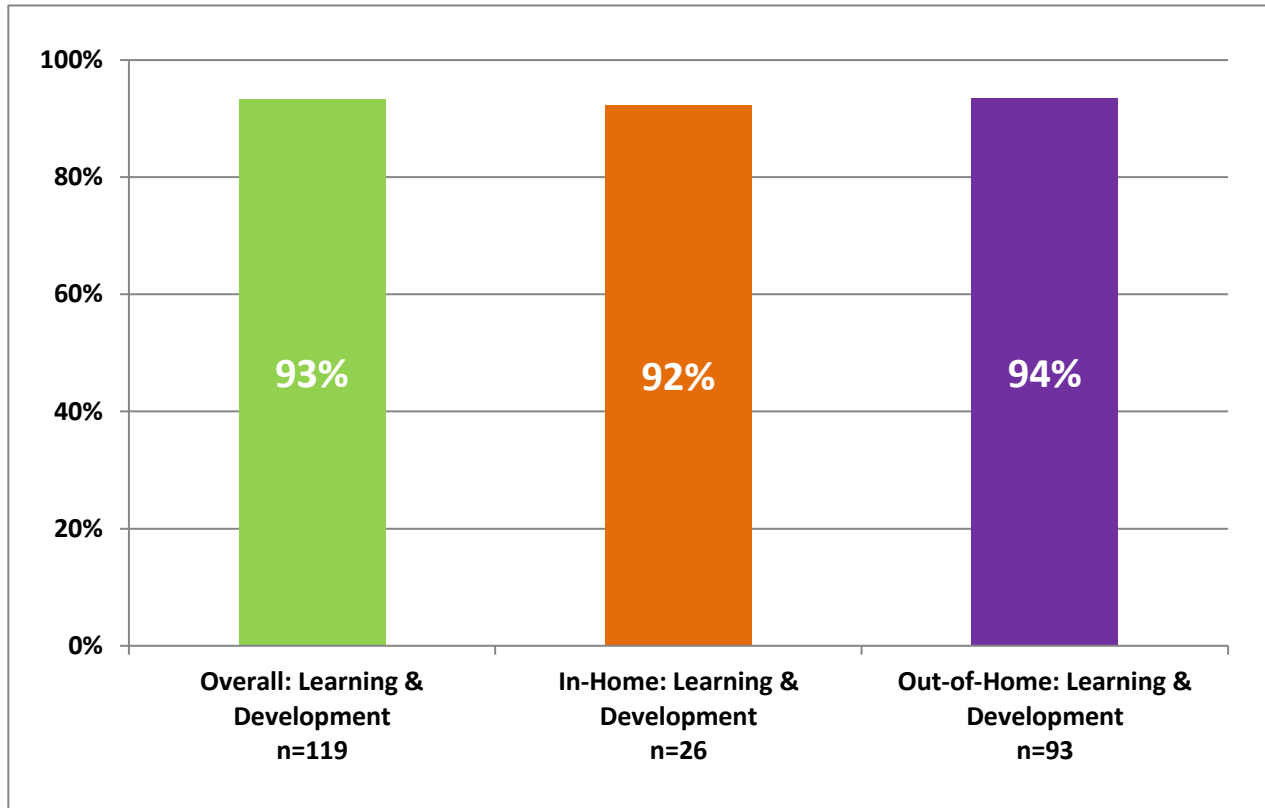
Figure 24: Learning and Development, Ages Five and Under



Source: QR Indicator Summary Data, 2016

Learning and Development, Ages Five and Older. Majority of the cases reviewed for this report, received a strength rating for learning and development for children ages five and older. More specifically, of all the cases reviewed for children served in *out-of-home* placement, 94 percent received a strength rating for this indicator. Additionally, majority of the cases reviewed for children served *in-home* achieved a strength rating (92 percent; see Figure 25).

Figure 25: Learning and Development, Ages 5 and Older



Source: QR Indicator Summary Data, 2016

QR - Practice Performance Indicators



Qualitative Review Practice Performance Indicators

QR Indicator Engagement of Child and Family

Overview: Engagement of Child and Family

Engagement is a key component of CP&P's case practice model, as it impacts each component of the model from ongoing assessment to teamwork and planning. Effective engagement of children and families demonstrates the use of strength-based approaches to build trust-based relationships that are at the foundation of our work with families. It reflects effectively establishing relationships with those essential individuals in the lives of children, young adults and families and being able to have honest and difficult exploratory conversations. Engagement of children and families involves using every opportunity to interact with and gain trust in an effort to provide the most applicable and appropriate supports and services. This approach empowers families to become personal advocates in decision-making related to their individual cases. This ideology aligns with current research, which suggests families are the experts in understanding their needs and in knowing the kind of supports that would be most appropriate and best for them and their children.²²

Description of Measurement: Engagement of Child and Family

The Engagement of Child and Family indicator assesses professional competence in working with children, young adults and families; the degree to which staff members demonstrate cultural competence, respect, genuineness and empathy, as well as efforts in reaching out to key individuals involved in the case. It examines if children, young adults and families have developed a strong, positive and trusting relationship with their teams. The domains that make up the Engagement of Child and Family indicator in the QR protocol include Relationship, Core Conditions of Engagement, Accommodations and Supports, and Diligent Search and Outreach. Reviewers consider each domain in developing a separate *Engagement of Child and Family rating* for each of the four key stakeholders. These include child/young adults, mothers, fathers and resource caregivers (see Figure 26. for additional information about each). DCF has found that it is important to assess engagement for individual stakeholders because nuanced differences exist in the department's interactions with each individual stakeholder. Ultimately, this analysis provides meaningful insight, which can assist with identifying service gaps and needed recommendations on state and local levels. DCF assesses Engagement of the Child and Family for internal continuous quality improvement purposes. This indicator is not a required measure of the SEP.

²² Child Welfare Information Gateway. (2016) Family Engagement: Partnering With Families to Improve Child Welfare Outcomes. Washington, D.C.: Us Department of Health and Human Services, Children's Bureau.

Figure 26: Individual Stakeholders Rated for Engagement of Child and Family

Engagement of Child/Young Adult: Assesses children 6 years of age and older in the development of collaborative and trust-based working relationships with DCF staff and community partners to support ongoing assessment, understanding and providing appropriate supports and services.

Engagement of Mothers: Assesses parental participation in the development of collaborative and trust-based working relationships that support ongoing assessment, understanding and providing appropriate supports and services related to quality engagement of mothers.

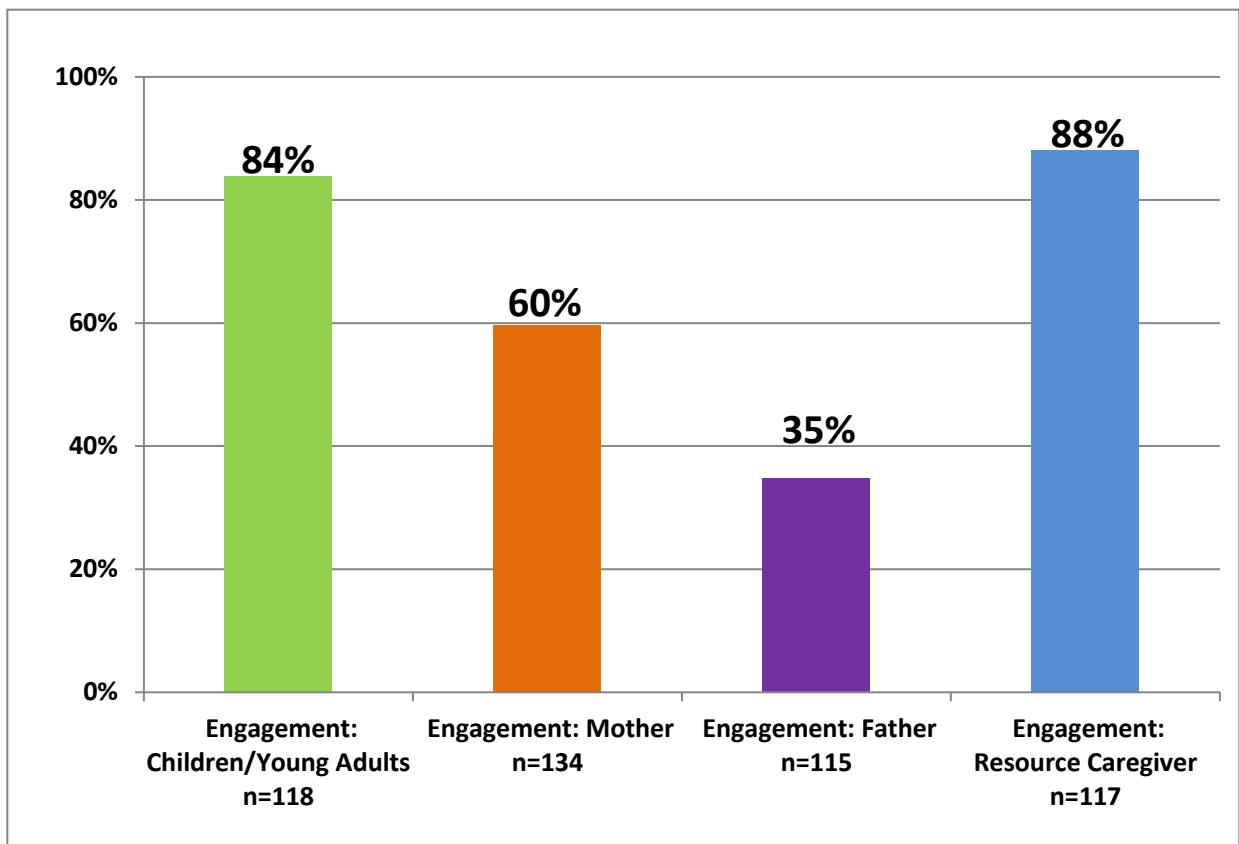
Engagement of Fathers: Assesses parental participation in the development of collaborative and trust-based working relationships that support ongoing assessment, understanding and providing appropriate supports and services related to quality engagement of fathers

Engagement of Resource Caregivers: Assesses resource caregiver participation in the development of collaborative and trust-based working relationships that support ongoing assessment, understanding and providing appropriate supports and services.

Results: Engagement of Child and Family

Engagement of Child and Family. The charts in this section provide an analysis of the cases reviewed during the QR process that were rated as a strength for Engagement of the Child and Family. Figure 27. provides a breakdown for each type of stakeholder for cases reviewed for this report. The findings revealed that a higher strength rating was achieved for engagement of resource caregivers (88 percent) and children/young adults (84 percent). However, the strength ratings for engagement of parents were not as strong. Of the cases reviewed, 60 percent achieved a strength rating for engagement of biological mothers compared to 35 percent for biological fathers.

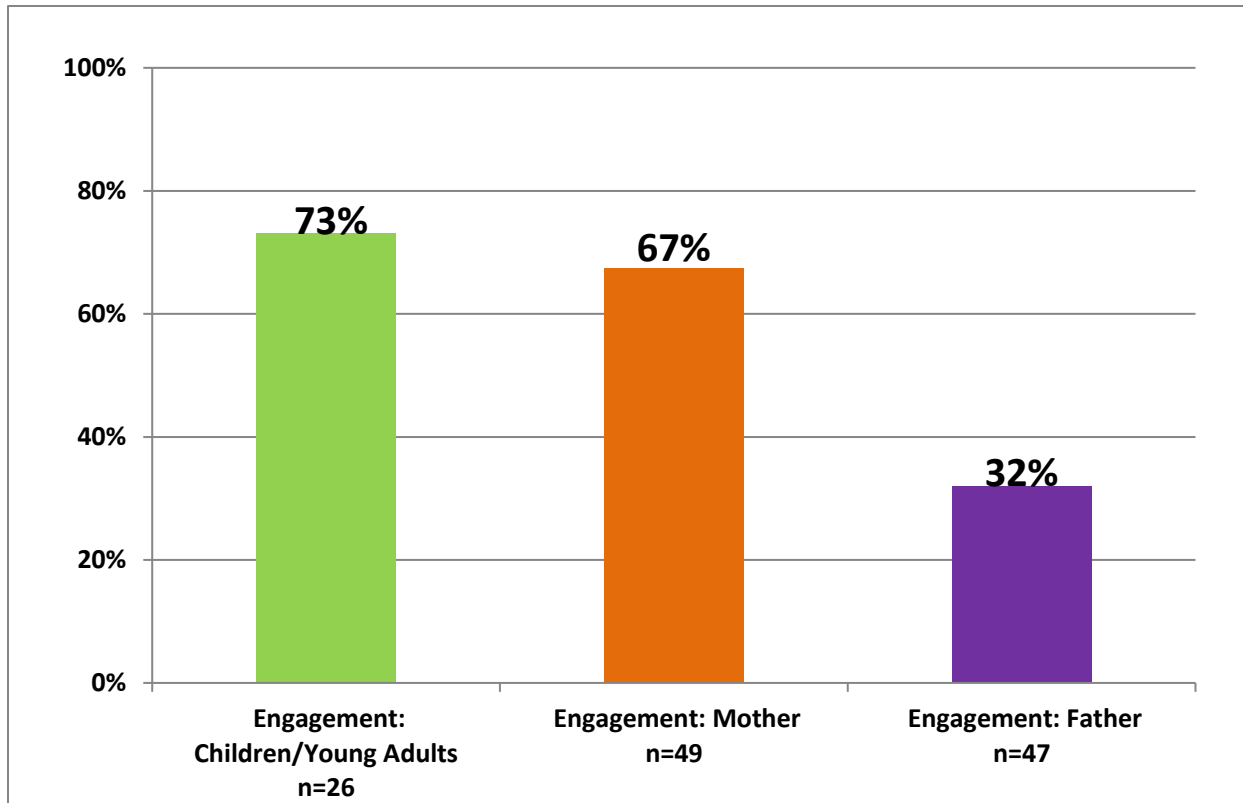
Figure 27: Engagement of Child and Family



Source: QR Indicator Summary Data, 2016

In-Home Engagement of Child and Family. As previously mentioned in the report, CP&P serves children and families both in-home and out-of-home. Figure 28. provides an overview of the strength rating for the cases reviewed for in-home engagement of children and families. Comparable to the data reflected in Figure 27., a higher strength rating of 73 percent was achieved for engagement of children/young adults.; however, 67 percent of the cases reviewed for engagement of biological mothers, achieved a strength rating, compared to 32 percent for biological fathers.

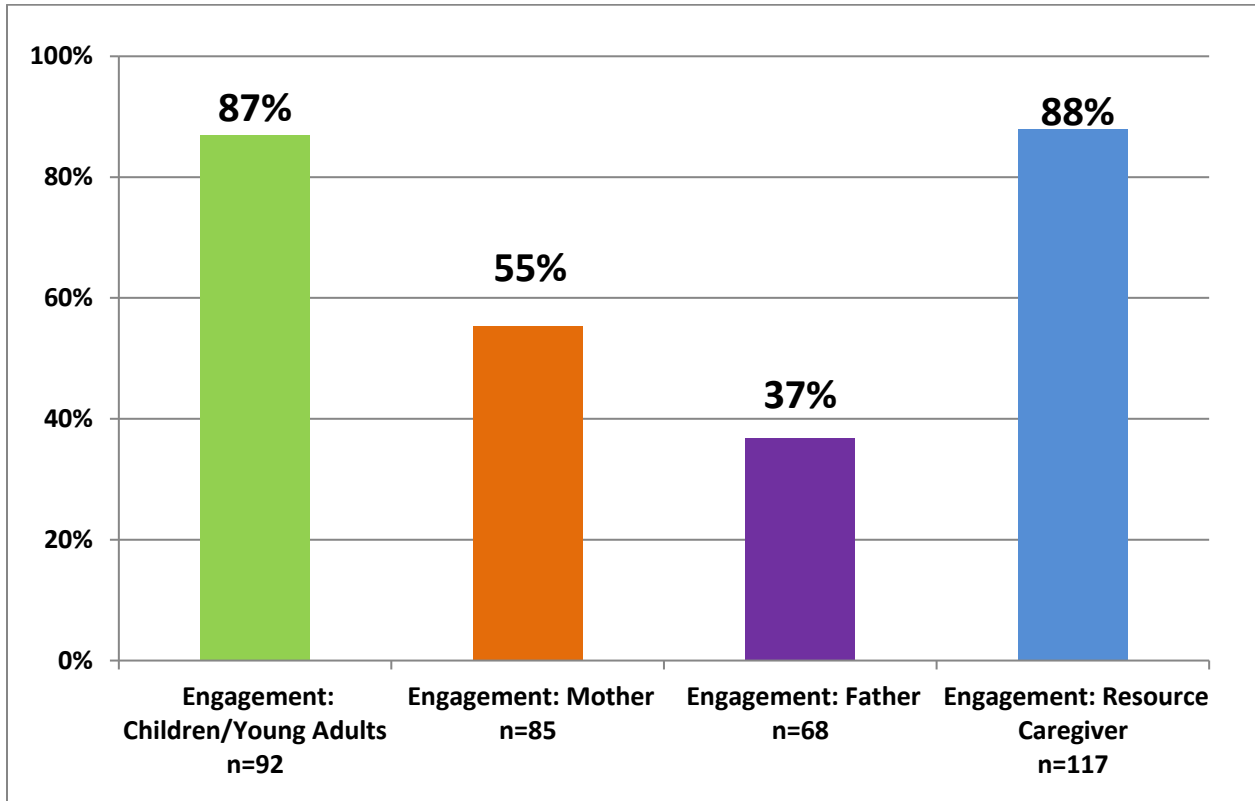
Figure 28: In-Home Engagement of Child and Family



Source: QR Indicator Summary Data, 2016

Out-of-Home Engagement of Child and Family. As noted in Figure 29 below, cases reviewed for the out-of-home population revealed a higher strength rating was achieved for engagement of resource caregivers (88 percent) and children/young adults (87 percent). Of the cases reviewed for the out-of-home population, biological mothers achieved a higher strength rating (55 percent) than biological fathers (37 percent) for engagement of the child and family.

Figure 29: Out-of-Home Engagement of Child and Family



Source: QR Indicator Summary Data, 2016

An outline of next steps that DCF has used in addressing engagement can be found in Chapter 6.

QR Indicator: Teamwork and Coordination

Overview: Teamwork and Coordination

Teaming is a key component of CP&P's case practice model. CP&P uses a team-based approach to build a cohesive unit that focuses on working toward achieving identified case goals. Teamwork and Coordination allows CP&P staff members to meet the needs of individual families through collaboration. The power of the team is in the collective technical and cultural competence, family knowledge, authority to commit resources, and the ability to flexibly assemble supports and resources in response to specific needs. Productive teaming can be a valuable way of identifying familial and formal supports. Effectively teaming and coordinating around individual families informs decision-making, service array and ensures that the voice of the children and families are reflected in the case planning process. Evidence of team functioning lies in its performance over time and the results it achieves for the child and family.

Description of Measurement: Teamwork and Coordination

The Teamwork and Coordination indicator focuses on whether CP&P, children, families and service providers collaborate, communicate and function as a team in an effort to support families to goal completion. It also assesses whether there is effective coordination in the provision of services across all providers. The domains that make up the Teamwork and Coordination indicator in the QR protocol include Membership and Ownership, Communication and Participation and Shared View. Reviewers consider each of the domains when developing the Teamwork and Coordination rating for each case. This rating incorporates teaming considerations for both informal and formal supports associated with the case during the period under review.

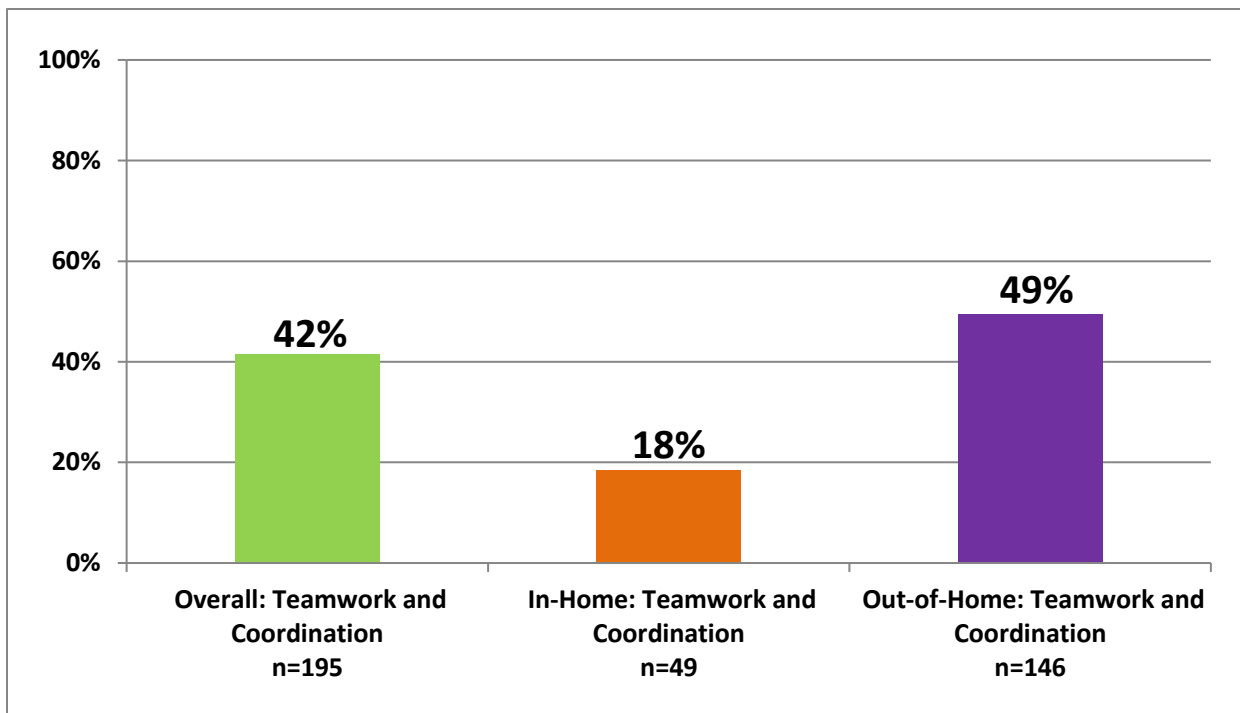
The Teamwork and Coordination ratings are used for internal continuous quality improvement purposes and as a required measure of the SEP. The SEP Quality of Teaming measure specifies that 75% of cases involving out-of-home placements that were assessed as part of the QR process will show evidence of both acceptable team formation and acceptable functioning. As reported in the December 2017 DCF Commissioner's Dashboard²³ performance as of December 31, 2016, revealed 49 percent of the cases reviewed were rated as a strength for the Quality of Teaming SEP measure.

²³ SEP Performance can be found at http://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_12.17.pdf

Results: Teamwork and Coordination

Teamwork and Coordination. The chart below provides an analysis of the cases reviewed during the QR process that were rated as a strength for the Teamwork and Coordination indicator. Figure 30 provides a breakdown for overall, in-home and out-of-home family teamwork and coordination for the cases reviewed. The findings revealed the out-of-home population achieved the highest strength rating (49 percent) for this indicator, whereas, the strength rating for the in-home Teamwork and Coordination was at 18 percent strength.

Figure 30: Teamwork and Coordination



Source: QR Indicator Summary Data, 2016

These findings highlight a component of practice that offers opportunities for needed growth. Next steps related to strengthening practice will be outlined in Chapter 6.

QR Indicator: Ongoing Assessment Process

Overview: Ongoing Assessment Process

Assessment is another key component in assisting CP&P staff with providing quality and thorough case management. It takes place from the time children and their families become involved with DCF until the time of case closure. Assessment concentrates on “digging deeper” and using comprehensive tools and evaluations related to assessing family dynamics such as: history, substance use, poverty, mental health and domestic violence; factors that lead a family to becoming involved with CP&P. Quality assessments allow staff to identify the underlying needs of children/young adults, parents and resource caregivers. Supporting research suggests that assessments also provide a greater understanding of how family dynamics and resources support their needs and provide important information about the well-being and the safety of children.²⁴ Ongoing Assessment Process is not a short-term activity. It is a continuous, comprehensive and evolving process. As such, assessing a parent(s), child and/or caregiver(s) needs should involve informal observations based on consistent work and interactions with the family and resource and kinship caregivers. In order to make collaborative efforts and appropriate decisions each team member must have a common understanding of the family’s history, strengths and underlying needs.

Description of Measurement: Ongoing Assessment Process

Information yielded from the review of Ongoing Assessment Process informs case planning and highlights the importance of tracking and adjusting and/or identifying additional supports and services that are crucial to meeting the unique needs of children, families and caregivers overtime. Without solid underlying assessments, CP&P is not able to collect the necessary information to identify and provide appropriate services and supports. The domains that make up the Ongoing Assessment Process indicator include Comprehensiveness of Assessment, Big Picture and Team Understanding. Reviewers consider each of the domains when generating separate assessment ratings for each of four key stakeholders. These include child/young adults, mothers, fathers and resource caregivers (see Figure 31). Data collected for the rating of Ongoing Assessment Process for individual stakeholders provides meaningful insight as to the underlying needs and necessary supports for the families that we serve throughout the state.

²⁴ <https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/famcentered/> (accessed October 11, 2017).

Figure 31: Individual Stakeholders Rated for Ongoing Assessment Process

Ongoing Assessment Process of Child/Young Adult: Assesses how well CP&P gathered information, including formal and informal assessments, to understand the underlying needs, competencies and risks of the child/youth.

Ongoing Assessment Process of Mothers: Assesses how well CP&P gathered information, including, formal and informal assessments, to understand the underlying needs, abilities and risk related to the mother.

Ongoing Assessment Process of Fathers: Assesses how well CP&P gathered information, including, formal and informal assessments, to understand the underlying needs, abilities and risk related to the father.

Ongoing Assessment Process of Resource Caregivers: Assesses how well CP&P gathered information, including formal and informal assessments, to understand the underlying needs, strengths and risk of resource caregivers.

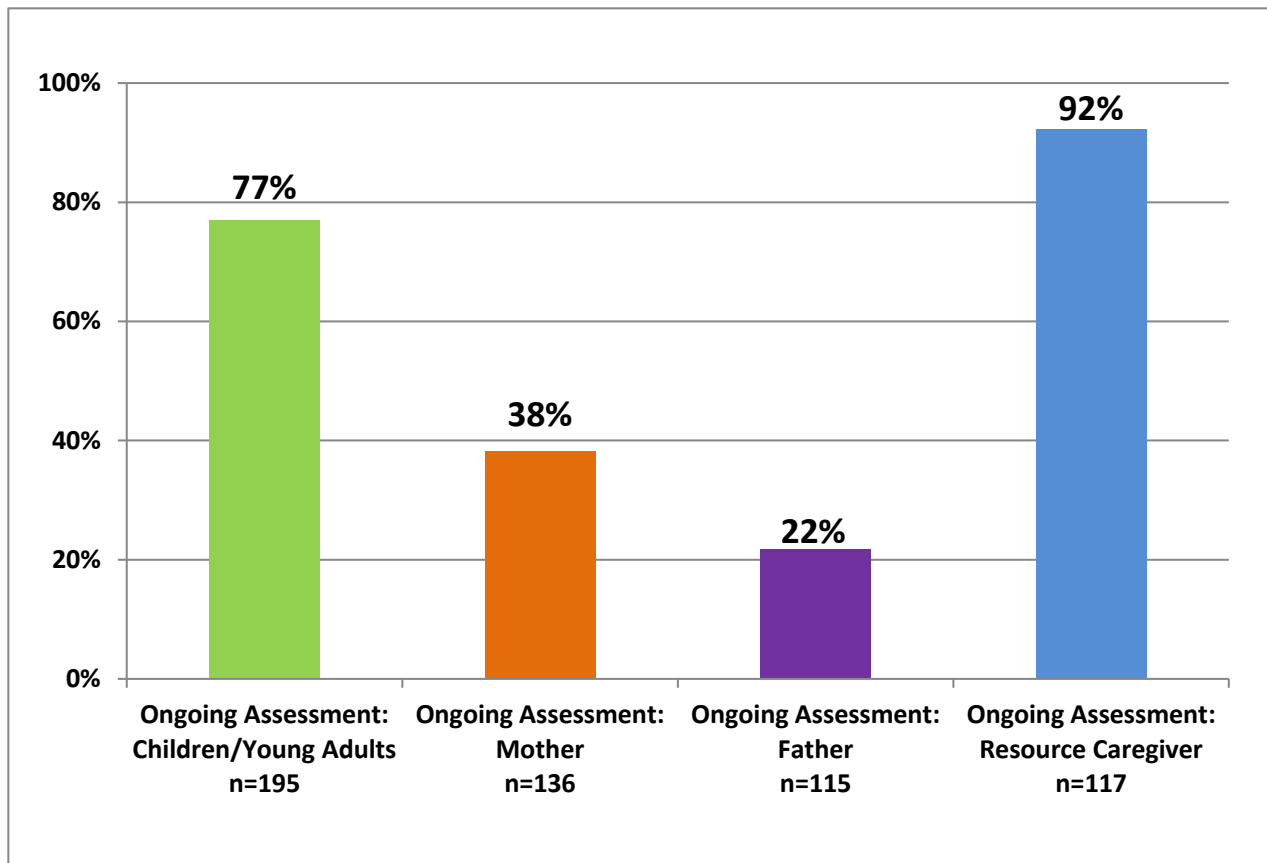
DCF measures Ongoing Assessment Process for internal continuous quality improvement purposes. This indicator is not a required a measure of the SEP.

Results: Ongoing Assessment Process

The charts below provide an analysis of the cases reviewed during the QR process that were rated as a strength for Ongoing Assessment Process.

Ongoing Assessment Process. Figure 32 provides a breakdown for each stakeholder group of Ongoing Assessment Process for cases reviewed in this sample. The findings revealed that the highest strength ratings were achieved by resource caregivers with 92 percent and children/young adults receiving the second highest strength rating of 77 percent for this indicator. However, the strength ratings for Ongoing Assessment Process for parents were not as strong. Of the cases reviewed, 38 percent achieved a strength rating for Ongoing Assessment Process of biological mothers compared to 22 percent for biological fathers.

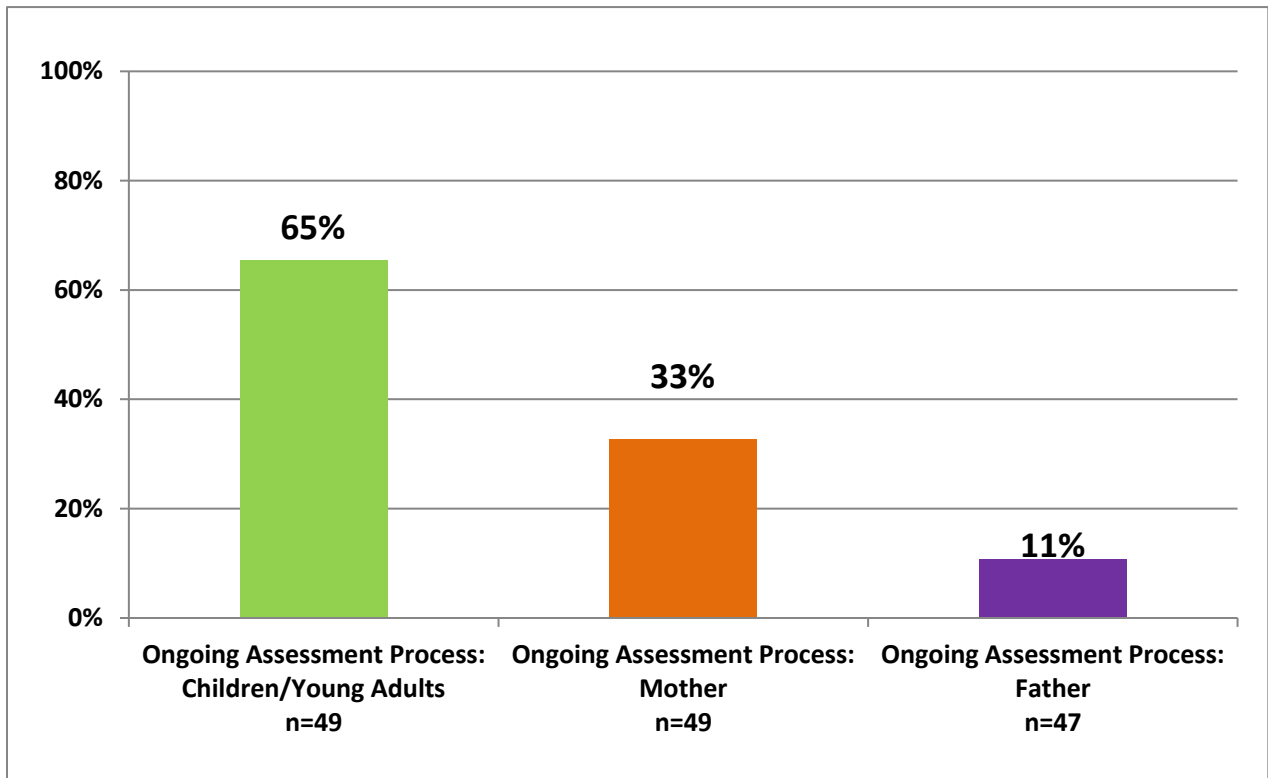
Figure 32: Ongoing Assessment Process of Families and Caregivers



Source: QR Indicator Summary Data, 2016

In-Home Ongoing Assessment Process. As part of DCF’s commitment to continuous quality improvement, data related to indicators is broken down to help inform case practice regarding the children and families we serve in-home. Figure 33 provides an overview of the strength rating for the cases reviewed regarding the Ongoing Assessment Process of children and parents served in-home for the cases reviewed for this report. The data revealed higher strength rating (65 percent) for Ongoing Assessment Process was achieved for children/young adults. Additionally, of the cases reviewed, 33 percent achieved a strength rating for Ongoing Assessment Process of biological mothers, compared to 11 percent for biological fathers.

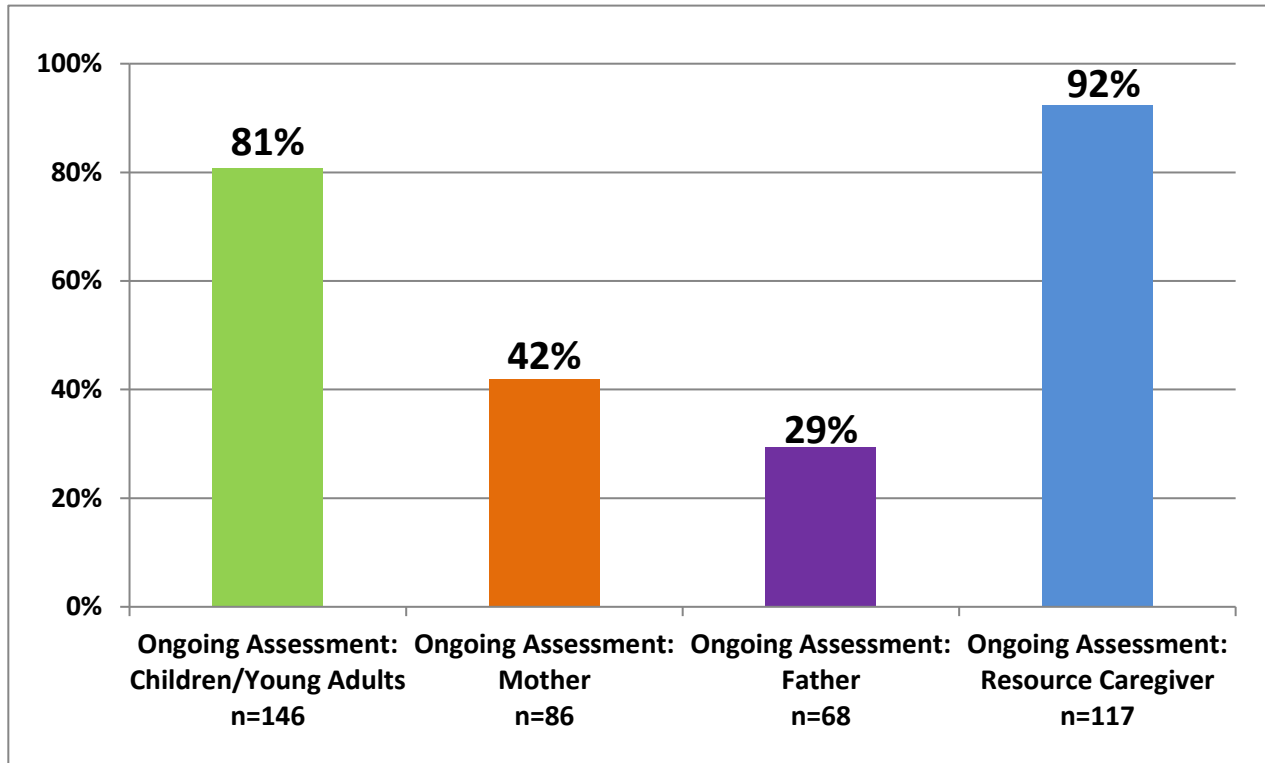
Figure 33: Ongoing Assessment Process for Families Served In-Home



Source: QR Indicator Summary Data, 2016

Out-of-Home Ongoing Assessment Process. As noted in Figure 34, below, of the out-of-home cases reviewed the highest strength rating for Ongoing Assessment Process as achieved for resource caregivers (92 percent) followed by children/young adults (81 percent). Although the strength rating was lower for biological parents overall, biological mothers achieved a higher strength rating (42 percent) than biological fathers (29 percent) for this indicator.

Figure 34: Ongoing Assessment Process for Families Served Out-of-Home



Source: QR Indicator Summary Data, 2016

QR Indicator: Long-Term View

Overview: Long-Term View

The Long-Term View indicator highlights the importance of focusing on establishing a common vision and direction in planning with the families served by CP&P. Building an understanding of the overall short and long-term needs of the children and families served by CP&P provides many benefits to the overall quality of work conducted for individual cases. This dual-focus allows CP&P staff members to meet the immediate needs while simultaneously developing supports and goals needed for children and families to have long-term success. It is important to note that long-term view is different from case planning; which focuses on helping children and families achieve permanency. One of the primary goals of planning with a long-term view is to identify what the family's view of success is and implement support systems that ensure the family's success beyond case closure. For instance, if substance use is a concern for a family, this indicator assesses the supports that are currently in place to address relapse that may arise in the future. Without a comprehensive long-term plan, it is difficult to ensure sustained safety and successful transitions for children and families.

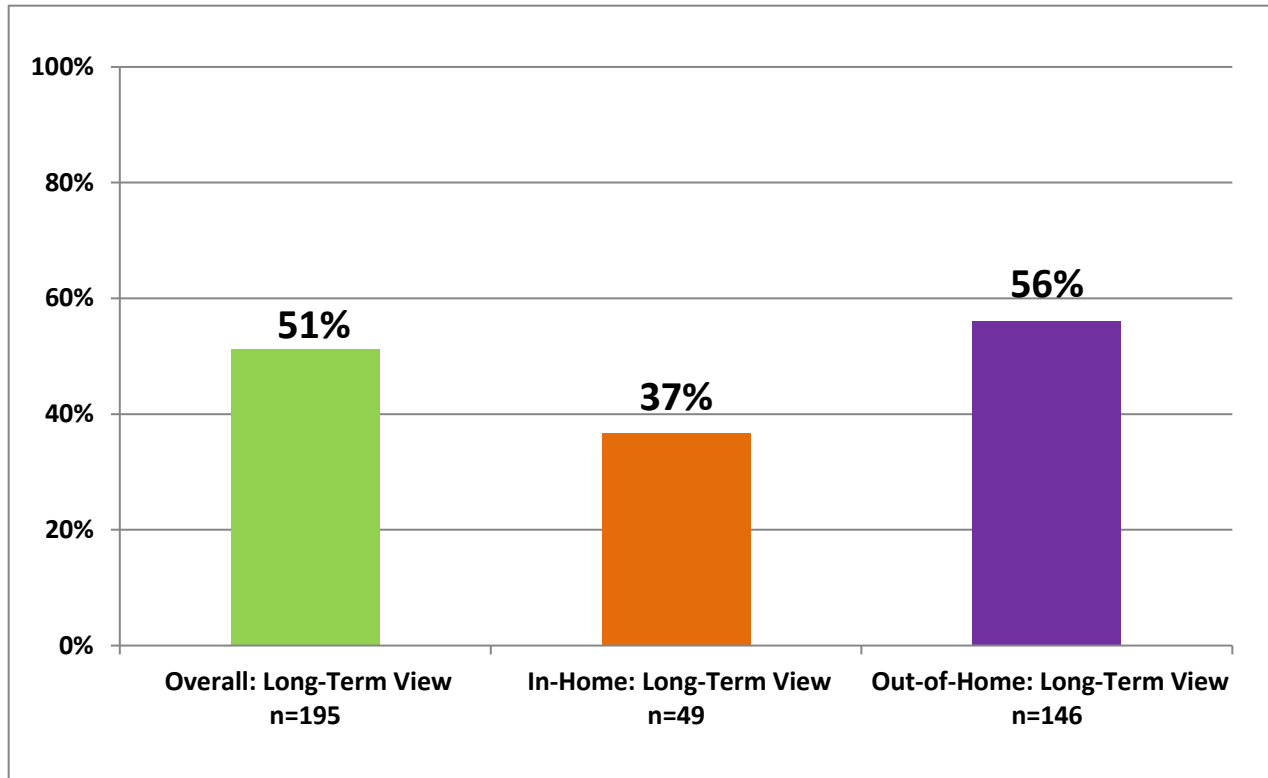
Description of Measurement: Long-Term View

The Long-Term View indicator focuses on identifying whether there is an explicit plan for each child and family that will provide him or her with the tools to sustain a successful transition from CP&P involvement. Additionally, this indicator assesses whether the plan anticipates and accounts for multiple transitions, if the plan is developmentally appropriate and if each team member has a clear understanding and acceptance of the plan. The domains that make up the Long Term-View indicator include Established Vision and Planning Direction, Shared Vision and Steps or Pathway. Reviewers consider each of the domains in generating a rating for each case. DCF uses this measure for internal continuous quality improvement purposes. This indicator is not a required a measure of the SEP.

Results: Long-Term View

Figure 35 provides an analysis of the cases reviewed during the QR process that were rated as a strength for the Long-Term View indicator. Of all the cases reviewed for the Long-Term View indicator, 51 percent achieved a strength rating. Children and families in out-of-home placement achieved a strength rating of 56 percent, which was higher than those served in-home at 37 percent.

Figure 35: Long-Term View



Source: QR Indicator Summary Data, 2016

Case Planning Related QR Indicators: (Child and Family Planning Process, Plan Implementation, and Tracking and Adjusting)

Child and Family Planning Process. A good case plan is integrated, comprehensive, based on the strengths and needs of the family and a result of the strong and collaborative case planning process. Quality planning includes identification of the needs, outcomes, appropriate services to help a family successfully achieve the identified goals. In addition, formal case plans also provide timeframes related to services, task and case status, and indicate those responsible for providing supports and services to address underlying needs to assist families with achieving their case goals.

In recent years there has been a national shift in child welfare practice that focuses on involving families as part of the case planning process. DCF recognizes the importance of this shift, and understands the importance of engaging families and their support systems in planning. The purpose of this is to encourage families and their supports to be active participants and contributors of the process. A major benefit of the collaborative planning process is that it provides an opportunity to continuously engage children and families in service provision that builds upon a family's strengths. Furthermore, it provides families' with a voice in their plans, which assists them with meeting their needs and achieving the identified goals.

Plan Implementation. In addition to developing a case plan for individual families, one of the primary objectives of CP&P and family teams is to ensure the plan and the identified services are being fully implemented. DCF assesses the efficacy of this process through the Plan Implementation indicator of the QR review. This indicator consists of assessing how well planned strategies, supports and services are implemented; the degree to which they are implemented in a timely manner and their alignment with the long-term view. The implementation of the plan is driven by child and family team planning and should be consistent with family-centered case practice. The intensity of service provision should immediately and fully meet the needs of children and families while maximizing the probability of successful outcomes and minimizing risks. The information gained from measuring Plan Implementation provides insight to assist DCF with ensuring children and families are able to maintain safety, permanency, stability and well-being for children at home and in out of home placement.

Quality of Tracking and Adjusting. CP&P utilizes an ongoing assessment process to track service implementation and progress, identify emergent needs and modify services in a timely manner. Tracking and adjusting throughout the life of each case, provides an opportunity to assess how families are faring, account for any changes in their circumstances and verify that the supports and services are being provided as planned. A focus on tracking and adjusting supports the team in assessing case plan progress and appropriateness of services over time. This indicator also assesses whether child and family status and service provisions are consistently examined and evaluated and the level in which services are adjusted to respond to and address any changing needs of the child and/or family.

Description of Measurement: Case Planning Related QR Indicators (Child and Family Planning Process, Plan Implementation, and Tracking and Adjusting)

DCF measures the quality of case planning using the QR Child & Family Planning Process indicator. This indicator examines how well case plans are designed to assist each child and family with addressing and meeting underlying needs and achieving individual case goals. Additionally, it reflects how the plan is individualized and includes supports and services that are comprehensive and uniquely matched to the circumstances and dynamics for each individual child and family. The domains that make up the Child & Family Planning Process measurement in the QR protocol include matching with Big Picture, Individualized Service/Support Mix and Voice of Child/Family. Related indicators that are also measured in the QR include Plan Implementation and Tracking and Adjusting. The domains that make up the Plan Implementation measurement in the QR protocol include Services and Implementation Strategies. The domains that make up the Tracking and Adjusting measurement in the QR protocol include Responsiveness Monitoring, Tracking and Communication Adjustment.

Reviewers weigh each of the domains within the indicators (Child and Family Planning Process, Plan Implementation and Tracking and Adjusting) to develop a rating for each case for each indicator. The Child and Family Planning Process and Tracking and Adjusting indicators are used both for internal continuous quality improvement purposes and as a required a measure of the SEP.

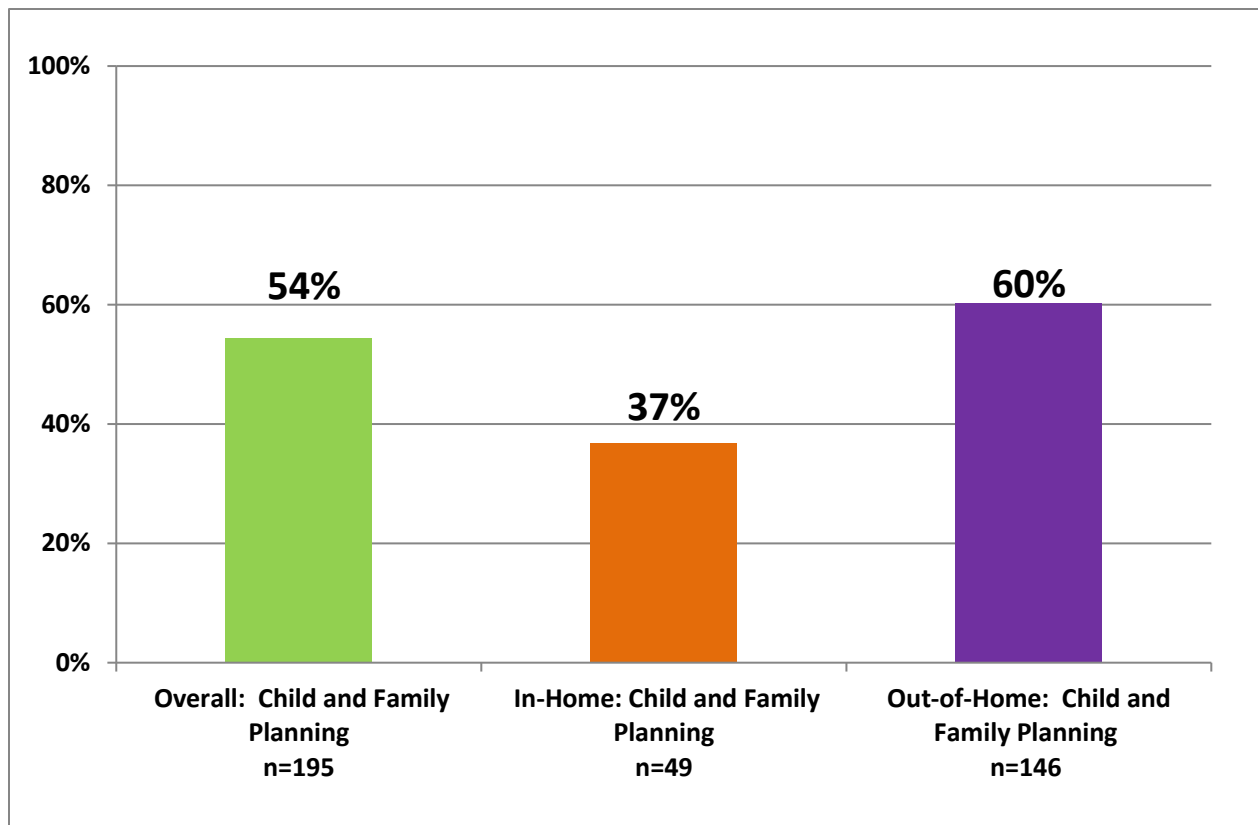
The SEP Quality of Case Plans measures specifies that 80 percent of case plans shall be rated acceptable as measured by the QR process. The methodology underlying this rating requires that cases must be rated at least minimally acceptable on both QR indicators case planning process and tracking and adjusting to be considered strengths. As reported in the December 2017 DCF Commissioner's Dashboard²⁵ performance as of December 31, 2016, revealed 49 percent of the cases reviewed were rated as a strength for the Quality of Case Plans SEP measure.

²⁵ SEP Performance can be found at http://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_12.17.pdf

Results: Case Planning Related QR Indicators

Child and Family Planning Process. The chart below provides an analysis of the cases reviewed during the QR process that were rated as a strength for Child and Family Planning Process. Figure 36 provides a breakdown of the Child and Family Planning Process indicator for families served both in and out-of-home for the cases reviewed. The out-of-home population achieved the highest strength rating (60 percent) with the in-home population receiving a lower strength rating of 37 percent for this indicator. The overall strength rating was 54 percent.

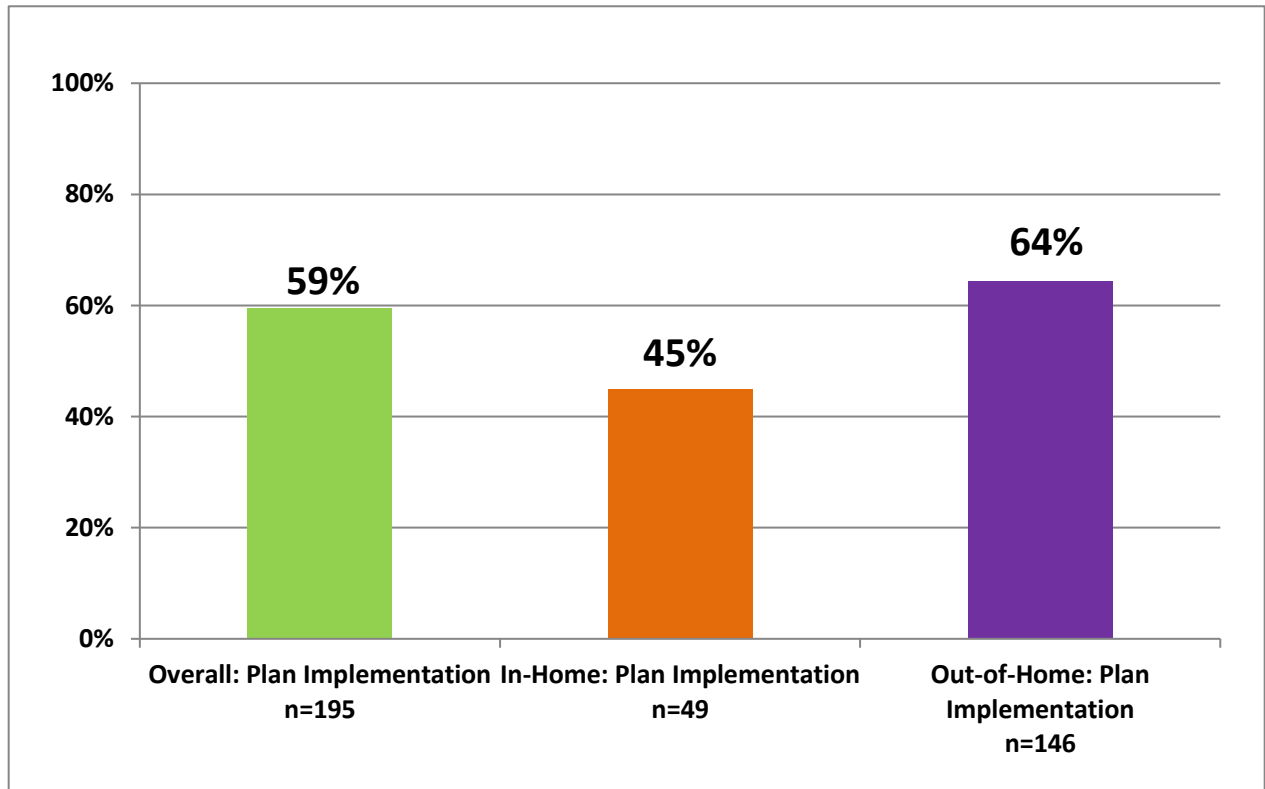
Figure 36: Child and Family Planning Process



Source: QR Indicator Summary Table, 2016

Plan Implementation. Figure 37 provides an overview of tracking and adjusting for children and families served both in-home and out-of-home for the cases reviewed. An analysis of the data revealed that overall 59 percent of the cases reviewed received a strength rating. A more specific examination shows the out-of-home population received a higher strength rating when compared to the in-home population (see Figure 37).

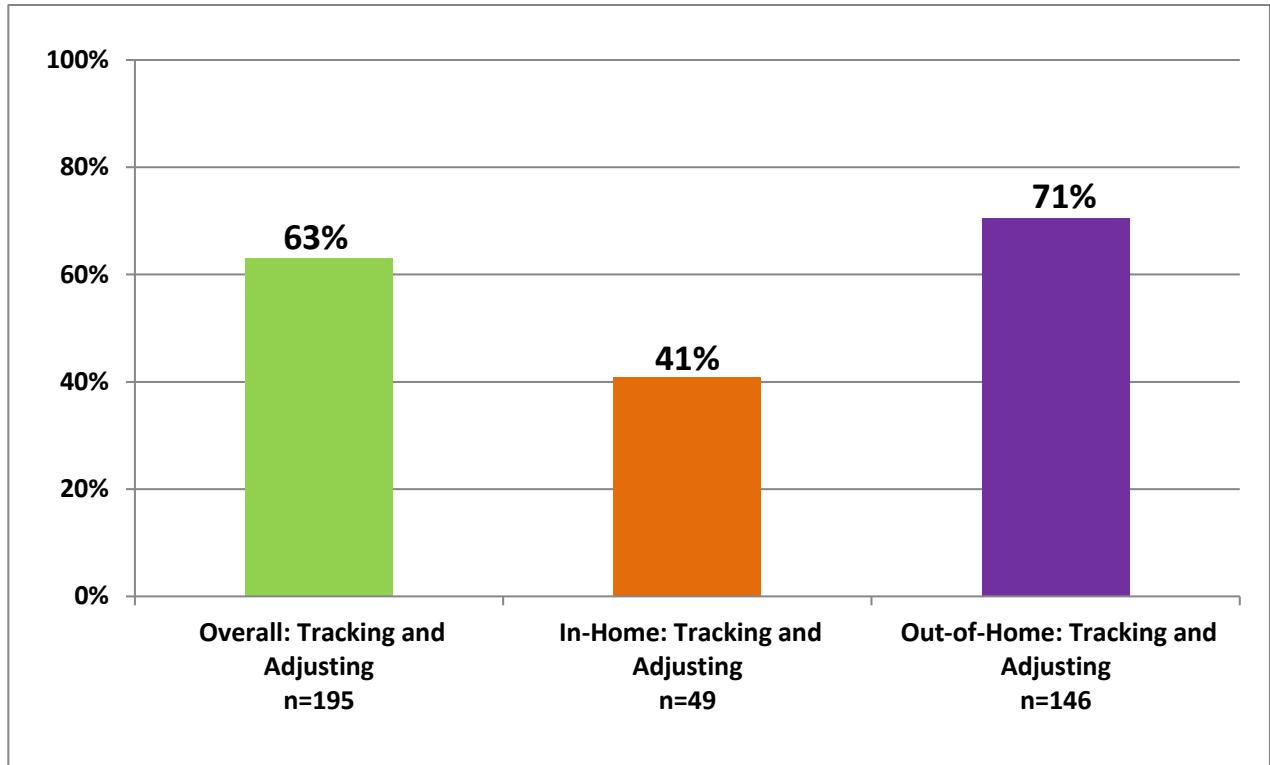
Figure 37: Plan Implementation



Source: QR Indicator Summary Table, 2016

Tracking and Adjusting. Figure 38 provides an overview of tracking and adjusting for children and families served both in-home and out-of-home for the cases reviewed. Of the 195 cases reviewed, 63 percent achieved a strength rating for tracking and adjusting. Additionally the data shows a greater strength rating of 71 percent was achieved for the out-of-home population. Of the cases reviewed for the in-home population, 41 percent received a strength rating for tracking and adjusting when compared to the out-of-home population.

Figure 38: Tracking and Adjusting Source: QR Indicator Summary Table, 2016



Source: QR Indicator Summary Table, 2016

QR Indicator: Provision of Health Care Services

Overview: Provision of Health Care Services

Focusing on Provision of Health Care Services allows DCF to promote good physical health and emotional well-being for children served by the department. Routine and appropriate medical and dental care (i.e. preventive, acute, chronic, etc.) are necessary for maintaining overall good health. As part of DCF's child welfare reform efforts, the department's health care delivery system was restructured to ensure children received quality health care to meet their overall needs. Consequently, Child Health Units were created and staffed with dedicated health care professionals in each of its 46 local offices to provide health care case management for individual children and young adults. This allows the process for providing health care services to children served by the department to be seamless and effective.

There are nearly 428,000 children in foster care on any given day in the United States and in 2015 more than 670,000 children spent time in an out-of-home placement.²⁶ Research has found approximately 80 percent of the children in out-of-home placements have chronic health care needs with some also having developmental, emotional and behavioral concerns.²⁷ Nationally, children in out-of-home placements experience unmet health needs.²⁸ In light of these facts, this indicator also includes access to required health care assessments for children entering out-of-home placement and screenings and services related to a child/young adults' mental health. CP&P recognizes the overall safety, physical, mental and social-emotional well-being of children requires seamless, consistent and timely access to quality health care services. DCF assesses the quality and accessibility of these services through the Provision of Health Care Services indicator.

Description of Measurement: Provision of Health Care Services

The Provision of Health Care Services Indicator determines if the level and continuity of health care services provided are appropriate given the unique physical and behavioral health care needs of each child. Additionally, this indicator ensures that special care requirements are provided as deemed necessary to achieve and maintain optimal health. The domains that make up the Provision of Health Care Services indicator in the QR protocol include Routine Health Care and Follow-Up Care. Reviewers consider each of the domains when generating a rating for each case. DCF measures Provision of Health Care Services for internal continuous quality improvement purposes. This indicator is not a required measure of the SEP.

²⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, <http://www.acf.hhs.gov/programs/cb>

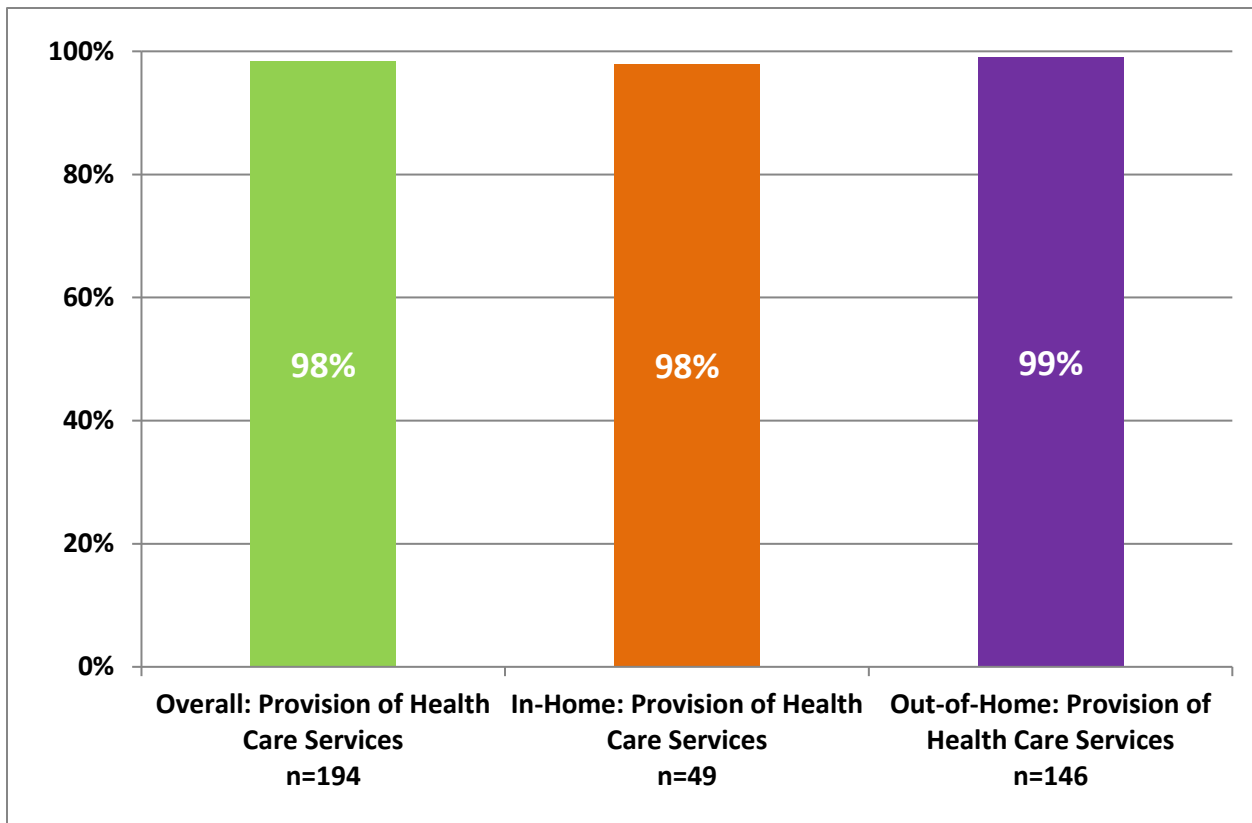
²⁷ *ibid*

²⁸ The Children's Partnership, Improving Health Outcomes for Children in Foster Care: The Role of Electronic Systems., <http://www.childrenpartnership.org>.

Results: Provisions of Health Care Services

The chart below provide an analysis of the cases reviewed during the QR process that were rated as a strength for Provision of Health Care Services. Figure 39 provides an analysis of the 2016 QR Summary Data for overall, in-home and out-of-home for Provision of Health Care Services for the cases reviewed. The findings revealed that majority of the cases reviewed achieved a strength rating, for each category. A noteworthy finding showed that 98 percent of all the cases reviewed for the Provision of Health Care Services indicator achieved a strength rating.

Figure 39: Provision of Health Care Services



Source: QR Indicator Summary Table, 2016

QR Indicator: Resource Availability

Overview: Resource Availability

DCF helps families achieve success in safety, well-being and permanency by using collaborative partnerships with extended supports (i.e., family, community partners, churches, etc.). It is important that each family has an array of supports and services that are appropriate, comprehensive and assists them with navigating through challenges related to family dynamics and sufficiently caring for their children. These partnerships are essential to helping ensure the overall success of the family. Through collaborative efforts, CP&P staff members and families are able to identify appropriate supports that are locally available and accessible. Adequate supports span from all sources including educational, social, mental health, recreational and community partners and organizations. DCF measures its ability to identify formal and informal supports for children and families to achieve safety, permanency and well-being through the Resource Availability indicator.

CP&P staff assesses the level to which these provided supports assist children, young adults and families with achieving safety, well-being and permanency. Information about whether or not the child/young adults or his or her family is being assisted with developing supports and connections that are instrumental to plan for and care for itself as it transition into adulthood or independence from the child welfare system. Furthermore, the indicator assesses whether supports and services are conducive to the needs of the child and family and if the family has a choice regarding the type of services and providers it receives. Examining the resource availability of each family from a qualitative and comprehensive perspective allows CP&P to be more intentional in providing supports and services to address the underlying needs of the family.

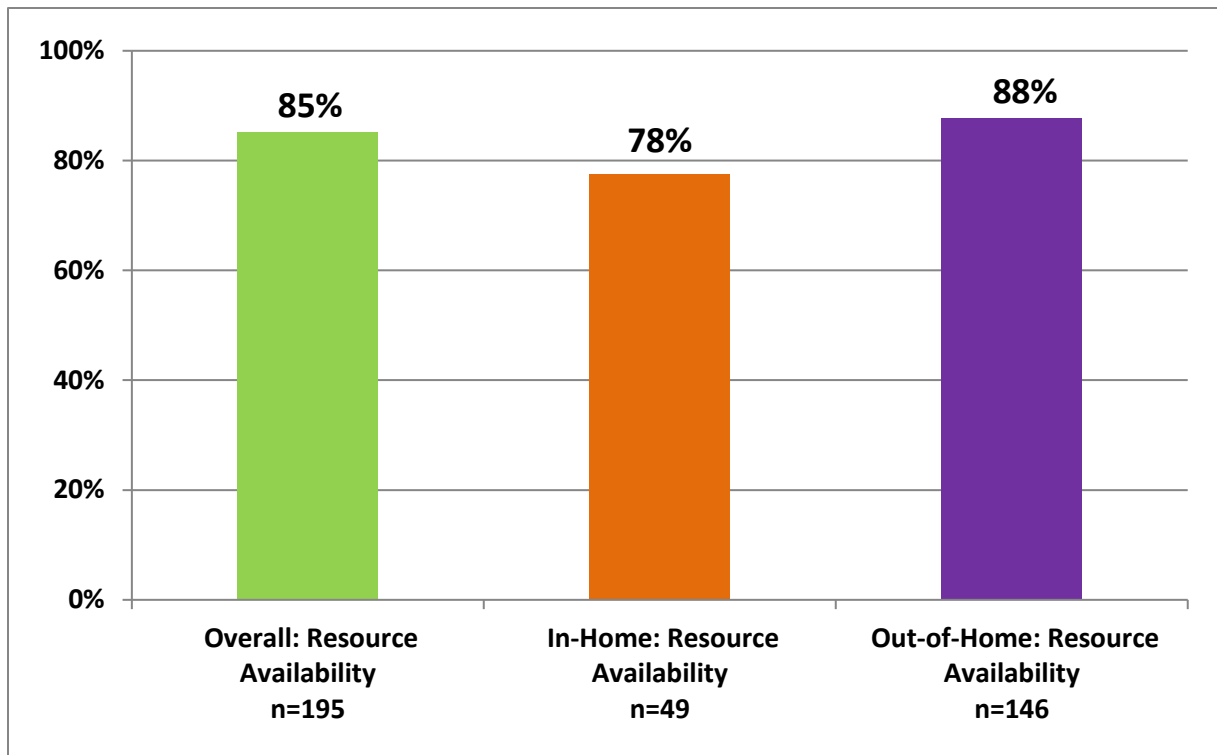
Description of Measurement: Resource Availability

The Resource Availability indicator examines the array and quality of supports, services and other resources, both formal and informal. This indicator also identifies the degree to which resources are individualized and aligned with the child and family plan and case goals. The domains that make up the Resource Availability indicator in the QR protocol include Informal Support Network and Formal Support/Service Availability. Reviewers consider each of the domains in developing a Resource Availability rating for each case. DCF uses this measure for internal continuous quality improvement purposes. This indicator is not a required a measure of the SEP.

Results: Resource Availability

An overview of the cases reviewed during the QR process that were rated as a strength for resource availability can be found in the chart below. Figure 40 provides an analysis of Resource Availability for children, young adults and families served both in and out-of-home for the cases reviewed. Families in out-of-home placement achieved the highest strength rating for Resource Availability, 88 percent. Of the cases reviewed for in-home families, 78 percent achieved a strength rating. The overall strength rating for this indicator was 85 percent.

Figure 40: Resource Availability



Source: QR Indicator Summary Table, 2016

QR Indicator: Family and Community Connections

Overview: Family and Community Connections

Family and community connections are essential to a children maintaining consistent bonds and healthy attachments with their parents, siblings and other family members. Children have the right to maintain familial relationships, unless compelling reasons exist for keeping a family apart. Visitation policy requires case workers to develop visitation plans in cooperation with all affected parties for all children in placement. The plans outline components such as frequency, location, goals, roles of participants and transportation.²⁹ Plans should also ensure family visits and connections are conducted at times and in locations that are conducive to family activities and offer quality time for advancing or maintaining family relationships. Providing visits and other means of interaction aligns with case practice and current research which suggest that children who have frequent contact with their families (i.e., parents and siblings) while in placement experience: (1) a greater probability of reunification; (2) shorter stays in placement; (3) greater success rates of remaining reunified with their families; and (4) overall improved emotional well-being and positive adjustment to placement.³⁰

DCF recognizes the importance of providing families opportunities for quality visits and interactions between children and their parents and siblings. Understanding the CP&P contribution to ensuring that families are able to spend quality time together extends beyond the scope of verifying if the frequency of visits aligns with the written visitation plan and includes examining all efforts made by CP&P to maintain familial connections. It determines the degree to which family connections are maintained through appropriate visits and other means. For example, outside of a formal visit, CP&P staff members work to ensure that parents are actively part of doctor's visits, school conferences, and extra-curricular activities. When assessing the work associated with maintaining family and community connections, a reviewer might also determine whether or not other strategies have been employed by CP&P staff members to encourage ongoing family and community connections. Examples include phone calls, letters, family photos, Face Time, and Skype.

Description of the Measurement: Family and Community Connections

The Family and Community Connections indicator assesses the degree to which family connections (when applicable) are being maintained through appropriate visits or other means for children who are living apart from their parents and/or siblings. The indicator also acknowledges sibling placements and whether visits are conducted at convenient times for family members to connect without creating hardship for anyone. The domains that make up the Family and Community Connections indicator include Family Relationships, Visit Frequency and Agency Role. Reviewers consider each of the domains in developing separate Family and Community Connections ratings for each of three key

²⁹ See DCF Policy. http://www.state.nj.us/dcf/policy_manuals/CP-IV-A-5-100_issuance.shtml

³⁰ Partners for our Children. (2011). *From Evidence to Practice: Family Visitation in Child Welfare-Helping Children Cope with Separation while in Foster Care*. Retrieved from: https://partnersforourchildren.org/sites/default/files/2011_family_visitation....._helping_children_cope_brief.pdf

stakeholders. These include mothers, fathers and siblings (see Figure 41 for additional information about each). DCF measures this indicator for internal continuous quality improvement purposes. This indicator is not a required a measure of the SEP.

Figure 41: Individual Stakeholders Rated for Family and Community Connections

Family and Community Connections-Mother: Assesses how well CP&P implements connecting strategies designed to maintain maternal bonds when children enter placement.

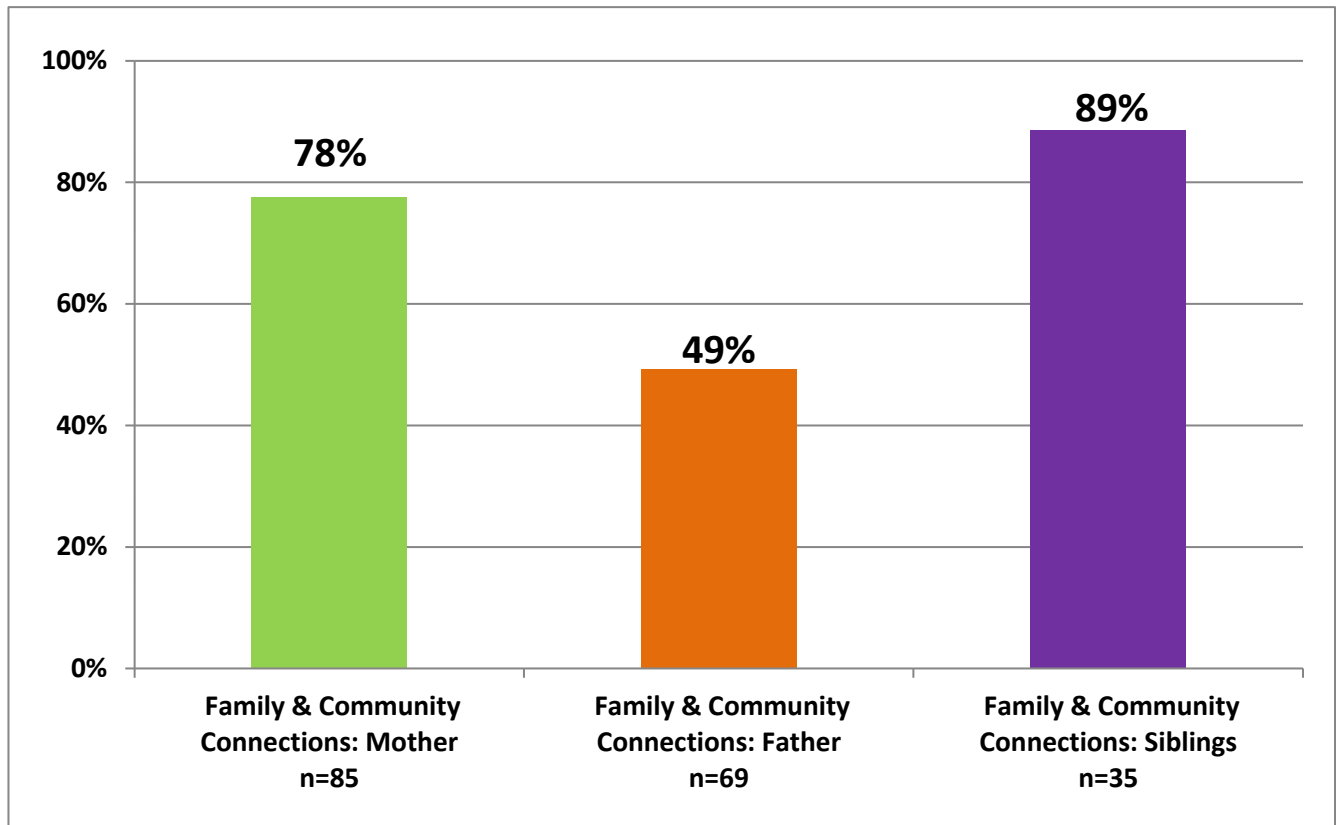
Family and Community Connections-Father: Assesses how well CP&P implements connecting strategies designed to maintain paternal bonds when children enter placement.

Family and Community Connections-Siblings: Assesses how well CP&P develops and implements strategies to maintain sibling bonds when children enter placement. It is only applicable in cases in which children are placed apart from one or more siblings.

Results: Family and Community Connections

An overview of the results for Family and Community Connections is provided in Figure 42. Family and Community Connections with siblings achieved the highest strength rating with 89 percent, followed by mothers with 78 percent and fathers having the lowest strength rating with 49 percent.

Figure 42: Family and Community Connections



Source: QR Indicator Summary Table, 2016

QR: Indicator Successful Transitions

Overview: Successful Transitions

DCF works to identify and implement the necessary steps to ensure children, young adults and families are able to build the capacity to seamlessly navigate through transitions. Successful Transitions is an indicator that focuses on the planning around a current or next life transition for a child/young adult or a family. A successful transition has an explicit path of steps in order for the family and its team to navigate the transition smoothly. Planning for transitions occurs proactively and should incorporate the families' long-term view of success. Developing a plan with strategic steps and supports will reduce the risk of disruption due to the transition. Understanding the unique needs and goals of children, young adults and families is instrumental in planning consistently effective transition supports. Integrating this approach into CP&P case practice promotes the importance of collaborating with children and families by using multifaceted strategies to assist families with successful transitions.

Successful transitions is examined through the QR process by assessing if the child's/young adult's or family's next life change and transition is planned and strategically implemented to assure successful adjustment before, during and after the change occurs. In understanding the difficulties that may come with transitions, having a strong formal and informal support system is crucial. Successful transitions require each team member to have a complete understanding of case plans and goals and individual roles and responsibilities once DCF is no longer involved with the family.

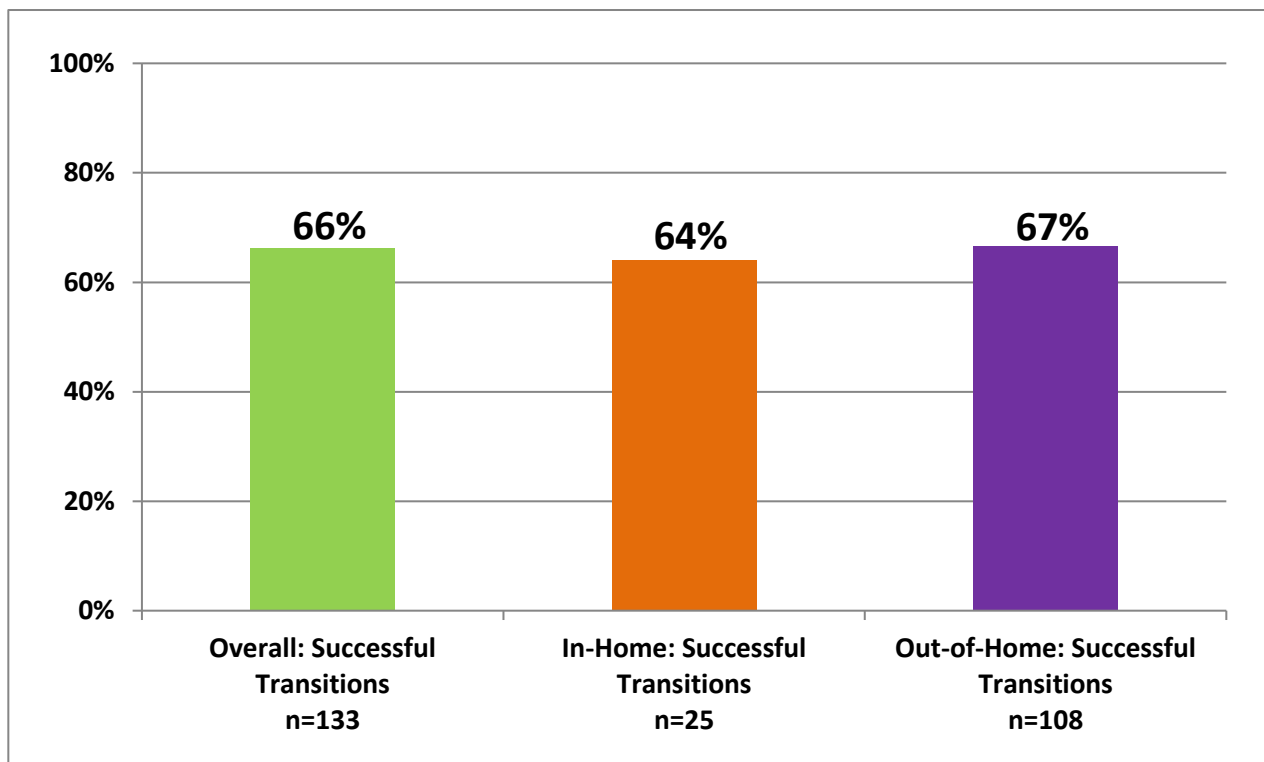
Description of Measurement: Successful Transitions

The Successful Transitions indicator examines how well children and families are prepared to respond to and cope with current and next life change transitions. It also examines whether family supports (i.e., friends, clergy, community partners, etc.) and/or services are readily available to assist children and families in coping with circumstances such as, relapse, short-term transitions and long-term challenges. The domains that make up the Successful Transitions measurement in the QR protocol include Strategic Goals and Supports and Risk of Disruption. Reviewers consider each domain in developing one Successful Transition rating for each case. DCF's measure of Successful Transitions is used both for internal continuous quality improvement purposes and as a required measure of the SEP.

Results: Successful Transitions

The chart below provides an analysis of the cases reviewed during the QR process that were rated as a strength for Successful Transitions. Figure 43 provides a breakdown of successful transitions for children and families served both in-home and out-of-home for the cases reviewed for this report. The findings revealed a higher strength rating was achieved for this indicator for the *out-of-home* population with 67 percent of the cases reviewed receiving a strength rating. Of the cases reviewed for the *in-home* population, 64 percent achieved a strength rating. Of all of the cases reviewed more than half (66 percent) received a strength rating.

Figure 43: Successful Transitions



Source: QR Indicator Summary Table, 2016

The SEP measure Services to Support Transition specifies that 80 percent of cases will be rated acceptable for supporting transitions as measured by the QR. As reported in the December 2017 DCF Commissioner's Dashboard³¹ performance as of December 31, 2016, revealed 66 percent of the cases reviewed were rated as a strength for the Services to Support Transitions SEP measure.

³¹ SEP Performance can be found at http://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_12.17.pdf

Figure 44: Case Practice Model in Action



Case Practice Model in Action

Highlighted Examples from the Qualitative Review

Highlighted Example: Father Engagement

CP&P ensured monthly visits with an incarcerated father. The father reported that he greatly valued the relationship he established with his worker. CP&P was able to keep the father informed about his child's progress and involve him in important decisions and case planning. This also helped to motivate him, as he was able to complete services while in prison. The work done to ensure this father remained part of his son's life, allowed him to plan collaboratively with CP&P for his release and he was later reunified with his child. The father credits CP&P for its commitment to his success as a father and never discounting his role, despite his incarceration.

Highlighted Example: Ongoing Assessment

Appropriate assessments and services aimed at a family's underlying needs were able to facilitate the reunification of a mother with her child. CP&P was able to acquire appropriate evaluations of a mother who was using drugs and alcohol and informally was able to obtain the mother's family story, including her full life trajectory to learn about the root of her substance abuse. Such assessments were instrumental in getting her into a Mommy and Me program to meet her underlying needs and her desire to be placed with her daughter. The formal and informal assessments were shared with the program, to ensure that all parties shared the same knowledge and were able to best address the underlying needs. With the support of her therapist and case manager at the program, and CP&P, she was able to deal with the issues that led her to use substances. She recognized the impact of the past physical and emotional abuse she endured as a child. Through time, she was able to establish her sobriety and build up her self-esteem. She became an exemplary resident of the program and served as a mentor to other mothers just entering the program. Presently, this mother and her daughter reside in their own apartment with mom working full time and continuing to be a mentor and sponsor to other mothers in recovery.

Highlighted Example: Child and Family Planning Process

In a case involving a young mother whose child was removed from her care due to physical neglect and substance use, CP&P gathered the mother's full history and learned that she had endured trauma as a child and had a history of being in placement. By gathering the mother's family story, CP&P was able to ensure that the plan matched the big picture assessment and was able to work with the mother in identifying her supports. The mother acknowledged that she needed to process her trauma and learn coping mechanisms, but was opposed to group therapy because she did not trust strangers. The mother was linked to a trauma informed therapist in the community and CP&P assisted her in reconnecting to a former resource parent, who agreed to serve informally as a parent mentor. Furthermore, the mother was linked to a Family Success Center and was able to develop additional connections. The plan holistically addressed underlying needs and considered the voice of the family in the assembly of services.

Highlighted Example Teamwork and Coordination

In the case of a young mother, teaming occurred frequently when she was in an adolescent mother's program. Her formal and informal supports, including her paramour, mother, former school guidance counselor and her paramour's parents participated in team meetings. Together, these supports were able to address the needs she had around her pregnancy, motherhood, health diagnosis and treatment and her transition into her paramour's parents' home. The team members communicated outside of meetings to coordinate services and to update each other in regard to progress and goal achievement. This young mother felt she was in charge of her team and was at the center of its functioning. Although she initially questioned the teaming process and "breaking down goals into smaller steps," she now embraces this approach in all aspects of her life. Through a team centered approach, CP&P was able to identify and develop her support network and smoothly navigate through her case goals.

Housing Employment and Education Status Review for Young Adults Exiting Care



CHAPTER 5. HOUSING, EMPLOYMENT AND EDUCATION STATUS REVIEW FOR YOUNG ADULTS EXITING CARE

Purpose of the Review

DCF is committed to ensuring that children and young adults who experience out of home placement achieve legal permanence in a timely manner. Legal permanence is defined as being reunified with a parent, adoption or achieving kinship legal guardianship (KLG). Although the DCF strives to achieve legal permanency for young adults, DCF also offers comprehensive services and supports to adolescents and young adults that are at risk of exiting care without achieving legal permanency. The goal of offering these services is to support young adults in their transitions to adulthood to achieve positive outcomes including economic self-sufficiency, interdependence and to engage in healthy life-styles. Stable housing, academic or vocational training and access to a reliable source of income through employment are crucial factors in attaining and maintaining these positive outcomes.

DCF's Office of Performance Management and Accountability (PMA), Division of Child Protection and Permanency (CP&P), Office of Adolescent Services (OAS), and the Center for the Study of Social Policy (CSSP) jointly conduct a record review that specifically concentrates on services to young adults. The primary purpose of this review is to provide qualitative data to inform the employment, educational attainment and housing measures for young adults. From a continuous quality improvement perspective, the review provides valuable information about the needs for and delivery of services to these young adults in the areas of housing, employment/vocational training, and education.

Sample

A total of 149 young adults involved with the CP&P between the ages of 18-21 years who exited care without achieving permanency were reviewed based on work conducted in 2016. The sample consisted of young adults who were in an out-of-home placement for at least one day within this period. Moreover, the young adults in the sample must have been in their current placement episode for a minimum of three consecutive months, and must have been discharged from their out-of-home care placement during the review period. This review did not include young adults who were reunified with caregivers, were adopted, or exited to kinship legal guardianship.

Data Collection Instrument

The data collection tool consisted of 46 questions in a web-based review instrument following an in-depth record review. The reviewers collected information related to the following key topics:

- Young adults' educational attainment at time of case closing;
- Young adults' educational enrollment at case closing;
- Young adults' engagement in planning process for education and employment;
- DCF assistance in education and employment;
- Young adults' employment status at case closure;

- Comparisons of planning for education and employment and subsequent education and employment status; and
- Strengths and areas in need of improvement in the education and employment domains.

Basic Review Procedure

DCF conducted two reviews to capture employment and education data for 149 young adults exiting care without achieving legal permanency in CY 2016. The first review was conducted November 2016 for the young adults that met the sampling criteria in the time period January 1 – June 30, 2016 and included a total of 83 young adults. DCF conducted the second review in February 2017 for the time period of July 1 – December 31, 2016, which included a total of 66 young adults.

All reviewers attended an orientation prior to the review. The orientation introduced the review methodology, data collection instrument and provided guidance to reviewers about where to look for specific information within the electronic and hard copy of the case file. During the review, the reviewer examined the case record, which typically took about 1-2 hours. Reviewers used information from the case file to identify the documented outcomes for these young adults while also considering the quality of the CP&P caseworkers' efforts to support those outcomes. Reviewers entered the information collected in response to the tool directly in the web-based system.

Data Analysis and Quality Assurance

PMA staff provided consultation throughout the review. Every review instrument was reviewed for completeness and to ensure accuracy and consistency across reviewers, DCF and CSSP staff conducted a full review of the first, second and fifth case review instruments completed by each reviewer.

Results

Key Findings: *Young adults ages 18-21 who exited care without legal permanence achieved employment or education attainment at rates of 83 percent and 90 percent. In addition, young adults achieved stable housing at rates of 91 percent and 95 percent.*

Employment and Educational Attainment. The employment and educational attainment component of the review was applicable to 70 young adults who exited care without achieving permanency between January to June 2016 period. The results showed that 83 percent, 58 of the 70 young adults reviewed were either employed or enrolled in education or vocational training programs or caseworkers demonstrated consistent efforts to help the young adults secure education or employment.

In the next review period, July and December 2016, the review of employment and educational attainment was applicable to 59 young adults who exited care without achieving permanency. The results showed that 90 percent, 53 of the 59 young adults reviewed were either employed, enrolled in education or vocational training, or there was demonstrated consistent efforts made by the caseworkers to help the young adults secure education or employment.

Housing. The review of housing was applicable to 78 young adults who exited care without achieving permanency between January and June 2016. The results of the review indicated that 71 (91 percent) of the young adults who exited care during the period had documentation of a housing plan upon exiting CP&P care. In this period, no additional young adults were designated a success for housing due to documentation of consistent efforts by the caseworker.

In the next review period, July and December 2016, the review of housing was applicable to 59 young adults who exited care without achieving permanency. The results of the review indicated that 56 (95 percent) of the young adults who exited care during the period had documentation of a housing plan upon exiting CP&P care or relevant documentation demonstrating consistent efforts by the caseworker to help the young adults secure housing.

Table 3: Young Adult Employment, Educational Attainment and Housing Findings

		January 1 – June 30, 2016	July 1 – December 31, 2016
	Total Number of Young Adults Reviewed During the Period	83	66
Employment and Educational Attainment	Number of Reviewed Young Adults Applicable for the Employment and Educational Attainment measure	70	59
	Number of Young Adults achieving positive employment and education outcomes	58	53
	Total Percentage of Compliance for Employment and Educational Attainment for Young Adults	83%	90%
Housing	Number of Reviewed Young Adults Applicable for the Housing Measure	78	59
	Number of Young Adults achieving stable housing or housing plan	71	56
	Total Percentage of Compliance for Housing or Housing Plan	91%	95%

Sustainability and Exit Plan Requirements for Older Youth

The required performance outlined by the SEP, specifies that 90% percent of youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training and that 95 percent of youth exiting care without achieving permanency shall have housing. The results indicate that DCF was close for the January to June period, but did not reach the performance level required by the SEP. However, DCF did meet the standards for both measures in

the July to December period. DCF will continue to monitor this measure as part of its continuous quality improvement efforts and as required by the Monitor.

The SEP also includes measures related to older youth (i.e., young adults) including quality of case planning and services and independent living assessments. The data for these measures are not collected in this case review.

Quality of Case Planning and Services. The SEP requires 75 percent of older youth, ages 18 to 21 who have not achieved legal permanency shall receive acceptable quality case management and service planning. The data for the case planning and services measure is collected using the QR process. From January to December 2016³², performance data for this measure was collected for 32 cases through QRs. During this period, 63 percent (20 of 32) cases were rated acceptable for *both the child (youth)/family status and practice performance* indicators.

Independent Living Assessments. The SEP requires that 90 percent of young adults ages 14 to 18 will have an Independent Living Assessment. DCF tracks this monthly, but the reports on this measure bi-annually. In June 2016, there were 858 youth aged 14 to 18 in out-of-home placement for at least six months; 815 (95 percent) had an Independent Living Assessment (ILA) completed. Monthly performance between January and June 2016 ranged from 88 to 95 percent. In December 2016, there were 823 youth aged 14 to 18 in out-of-home placement for at least six months; 721 (88 percent) had an Independent Living Assessment (ILA) completed. Monthly performance between July and December 2016 ranged from 87 to 93 percent.

³² In the *Progress of the New Jersey Department of Children and Families Monitoring Period XIX Report for Charlie and Nadine H. v. Christie*, CSSP indicated that based on the Monitor's discretion, DCF met this performance standard in 2016.

Conclusion – DCF Continuous Quality Improvement Efforts



CHAPTER 6. CONCLUSION AND DCF CONTINUOUS QUALITY IMPROVEMENT EFFORTS

Since its creation in 2006, the Department of Children and Families has made continuous efforts to sustain successes and strengthen infrastructure, processes and policies to drive child welfare reform in New Jersey. In the last decade, DCF has taken many important steps to strengthen its capacity to serve the children, young adults and families of New Jersey. Although there were many, one of the most significant accomplishments of the reform efforts has been the development and implementation of the case practice model in 2007. The Case Practice Model (CPM) established a uniform family-centered framework to guide staff and leadership. The model highlights the importance of engaging families and their informal and formal supports by meeting families where they are and using a team approach to identify underlying needs, services and strategies to promote enduring positive outcomes. The CPM framework reflects the core values and principles of CP&P and is practiced from the time a call pertaining to alleged child abuse and/or neglect is received in the State Central Registry to the time of case closure.

When DCF implemented the CPM, leadership understood that the implementation and ability to achieve this model of practice would take time. After the initial implementation of the model, and as part of the federal monitoring process, DCF implemented the Qualitative Review (QR) process to continuously assess the Department's progress in implementing the CPM. The QR process is conducted by trained reviewers that are from the stakeholder community and within DCF. Overtime, DCF has strengthened its capacity as a learning organization with focused attention on improving its data collection systems, case review processes and transparency. Today, DCF facilitates case reviews that go beyond just the case practice model and that allow the department to better understand the quality of our work with our children, young adults and families. In addition, DCF demonstrates its ongoing commitment to accountability and transparency by producing reports, facilitating discussions with internal and external stakeholders and focusing on sustaining the necessary infrastructure to ensure that we will be able to continue to learn and grow through our continuous quality improvement processes.

It is with this understanding, that DCF embraces using data collection and analytics to work more efficiently and effectively in improving the lives of children and families. DCF committed to developing a robust and fully functional CQI system in its 2016-2018 Strategic Plan. NJ DCF has been focused on implementing a sustainable CQI infrastructure. Our CQI approach retains a systematic process for ensuring quality implementation of NJ DCF services and drives the Department's way of thinking about how we study our own practices, systems and processes.

Overarching Key Findings

Although DCF conducts numerous case reviews at the state and local levels that provide valuable information and insights, this report highlights the results from four reviews that have been important contributors in both internal continuous quality improvement efforts and in meeting the requirements outlined as part of DCF's Sustainability and Exit Plan. The reviews include: the *State Central Registry Review*, *Quality of Investigations Review*, *Qualitative Review* and the *Housing, Employment and*

Education Status Review for Young Adults Exiting Care (see Figure 45. for brief descriptions and 2016 results). Reviews are carried out by trained reviewers representing DCF, external service provider organizations and the Center for the Study of Social Policy (CSSP); the court appointed Monitor. We provide methodological details and results of each review throughout the report and take the opportunity in this section to outline three overarching findings.

Overarching Finding 1. Taken together, the results of the reviews suggest that children and young adults who are served by DCF are overwhelmingly safe from harm. Safety assessment and safety status are addressed in every review, but are focal components of three of the reviews discussed in this report.

- Child safety is a paramount focus from the moment a call is received by the State Central Registry; SCR). SCR receives all reports of child abuse and neglect and is a 24/7 operation. The information gleaned from the 2016 review indicates that the overall quality of the State Central Registry's performance in taking in information, assessing situations and providing customer service is a strength of the department. Reviewers reported that 97 percent of the intake calls were completely or substantially of overall good quality. As reported earlier a significant finding from the review revealed, 95 percent of SCR Intakes were coded correctly. Additionally, in 91 percent of the calls, reviewers found that the screener completely understood and adhered to policy.
- Reports requiring a field response are forwarded to a CP&P Local Office for a response by a CP&P caseworker. Trained CP&P caseworkers are the initial point of contact for a family and responsible for conducting the investigation. The findings of the Quality of Investigations Review indicate that the overall quality of the investigative practice is also a strength for the department. This review reflects significant improvements in investigative practice of CP&P when compared to previous years. The reviewers found that investigations were either completely or substantially of good quality in 83 percent of cases reviewed for 2016. In addition, the investigations were timely and interviews were held with multiple stakeholders.
- The investigation determines the next steps in regard to service delivery for the families. When a family's case is opened for services, DCF extends the work of the initial investigation, and assessment, and seeks to involve informal and formal supports identified by the family. This work is guided by the Case Practice Model. DCF uses the Qualitative Review process to assess the quality of the Child and Family Status as well as Practice Performance. Findings from this review suggest that overall, DCF's performance for Child and Family Status (the quality of safety, permanency, stability and well-being) was a strength. The QR results for the 10 counties included in this reporting period, yielded an overall strength rating for Child and Family Status for CY 2016 of 92 percent.

Overarching Finding 2. Despite strong performance related to our safety and service in the initial stages of a family's involvement with the child welfare system, results from the reviews demonstrate that DCF has more work to do to strengthen its engagement of families and capacity to ensure that the family-focused practice is driven by ongoing and collaborative teaming, assessment and planning processes for all key stakeholders. As noted above, DCF uses the Qualitative Review process to assess the quality of the child and family status as well as practice performance. The QR results for the cases reviewed, identified a strength rating for Practice Performance for CY 2016 of 57 percent. The findings highlighted the differences that exist in the quality of Practice Performance across stakeholders (i.e. children/young adults, biological parents and resource parents). There are successes in regard to CP&P's work with the children, young adults and resource parents in terms of engagement and assessment. Typically, DCF has demonstrated stronger practice in working with these stakeholders than biological parents. The challenges with working with biological parents in terms of engaging them in the planning process and truly identifying their underlying needs are areas identified for improvement across counties. The 2016 QR process also identified teaming and coordinating with families and their informal and formal supports throughout CP&P's involvement with the family as an area in need of improvement. Building upon the strengths in working with resource parents, children and young adults, will enable DCF to identify successful skills and strategies to replicate in working with parents served in both in-home and out-of-home cases.

Overarching Finding 3. Although DCF is committed to achieving permanency for the children and young adults that it serves, the department has demonstrated strong performance related to ensuring positive outcomes for young adults, ages 18-21 who have not achieved permanency. The results from the Young Adult Housing and Employment Reviews conducted --in 2016 demonstrate that most young adults who exited care without achieving permanency, successfully achieved employment, were enrolled in educational or vocational programs and had stable housing. DCF works to ensure enrollment in education and vocational training programs as well as stable employment and housing for young adults who are at risk of exiting care without achieving permanency. DCF uses the *Young Adults Housing and Employment Review* to provide qualitative data to strengthen services and practice. The results from the bi-annual review found that in CY 2016, young adults achieved employment or education attainment at rates of 83 percent and 90 percent. In addition, this same cohort of young adults achieved stable housing at rates of 91 percent and 95 percent.

Figure 45: Overview of Key Results of Intake and Case Reviews for Work Completed in 2016



State Central Registry Review (SCR)

SCR is a 24-hour hotline system that receives, prioritizes and dispatches responses to suspected child abuse and neglect situations and provides information and referrals for child welfare support services. The data described in this report is from a review conducted in CY 2016 of 383 calls.

Key Finding: 97% of the intake calls reviewed were rated as Completely or Substantially of overall Good Quality.

Investigative Practice

DCF's Division of Child Protection and Permanency is statutorily mandated to investigate reports of alleged child abuse and neglect in the State of New Jersey. N.J.S.A. 9:6-8.11. The data described in this report is from a case record review of 327 investigations conducted in CY 2016.

Key Finding: 83% of the investigations were rated as either Completely or Substantially of Good Quality.



Child and Family Status

DCF uses the Child and Family Status indicators from a Qualitative Review to determine the extent to which planned strategies are working together to promote safety and permanency of children, young adults and families. Example Child and Family Status indicators from this review include Safety, Stability, Emotional Well-Being, and Living Arrangement. The data described in this report is from a case review of 195 cases, representing 10 counties, conducted in CY 2016.

Key Finding: The overall strength rating for Child and Family Status was 92%.

Practice Performance

DCF uses the indicators from a Qualitative Review to assess the effectiveness of the Case Practice Model by assessing the quality of the Practice Performance of staff and community partners. Example Practice Performance indicators include Engagement, Teamwork and Coordination and Ongoing Assessment Process. The data described in this report is from a case review of 195 cases, representing 10 counties, conducted in CY 2016.

Key Finding: The overall strength rating for Practice Performance Status was 57%



Employment, Education and Housing for Young adults

DCF conducts bi-annual targeted case reviews that specifically focus on education, employment and housing outcomes for young adults, ages 18-21 who did not achieve legal permanence. The data described in this report is from the two case reviews conducted in 2016 of a total of 149 young adults.

Key Findings: Young adults ages 18-21 who exited care without legal permanence in 2016 achieved employment or education attainment at a rate of 83% and 90% and achieved stable housing at a rate of 91% and 95%.

The Way Forward

The reviews discussed in this report highlight various aspects of DCF's work that contribute to promoting safety, stability, permanency and well-being for the children and families of New Jersey served by DCF. The findings suggest that DCF has worked successfully to keep those whom we serve safe. DCF is deeply committed to ensuring the same success that we have found in keeping children safe, in partnering with resource parents and in ensuring that young adults are educated, employed and housed, carries over to our work with parents and their formal and informal supports. It is our aim to have all key stakeholders actively engaged to sustain teaming, assessment and planning to support families. At DCF we understand our commitment to "an even greater tomorrow" means we need to ensure parents and caregivers have their underlying needs comprehensively assessed and met to ensure sustained safety, stability, permanency and well-being for the children in their care. We also understand that in order to strengthen our work, we have to maintain strong CQI processes and take time to understand our practice.

We are learning more about combining information from various data sources to better diagnose problems, and shift the organizational culture from traditional quality assurance focus to a more holistic performance focus using a continuous quality improvement (CQI) lens. The collaboration between CP&P and PMA is instrumental in shifting the organizational culture. DCF's commitment to implementing CQI processes and integrating standards of best practices into the CPM helps to meet the underlying needs of New Jersey's most vulnerable families. These efforts are a catalyst for creating change, and provide important insights needed to ensure that DCF policies and processes remain relevant.

Example Practice Focused Continuous Quality Improvement Efforts. DCF spent much of 2017, strengthening its CQI infrastructure by implementing CQI committees at multiple levels, continuing to conduct targeted reviews and share information with leadership, training designated CQI staff and enhancing the technical assistance offered by PMA in using data to explore practice performance. In the last two years, DCF has implemented several new forums to ensure CP&P staff members, at all levels, have opportunities to be exposed to and discuss the implications of Practice Performance data. Examples include county and Local Office data stories following the QR week and enhanced technical assistance in program improvement planning, a continuous quality improvement statewide summit, an adapted ChildStat format to support peer-learning and a training program for supervisors that outlines DCF's strategic use of the QR to measure the quality of the implementation of the practice model.

- ***County and Local Office Data Stories.*** PMA presents data stories to county leadership and Local Office staff. A Data Story begins with using data to identify areas of good practice and areas of challenge. The county qualitative data from the QR are presented to staff and leadership, including a focus on challenging indicators. Stories from the QR are shared to help staff link the QR indicator data to case practice and its impact on outcomes for families. The focus of the presentation then turns to linking qualitative measures from the QR with quantitative measures from SafeMeasures data. The areas of practices determined to be both a qualitative and quantitative strength are given positive recognition. For example, if the QR determined the child and family planning process to be a strength, and the quantitative data determined case plans are completed timely, positive recognition is provided and staff discuss strategies that are

working well in the office. However, if the QR determined the child and family planning process to be an area of challenge, and the quantitative data determined case plans are completed timely, then feedback is elicited from staff as to why the discrepancy exists. Case practice performance trends are also shared with staff to provide an understanding of areas of practice that have improved or declined over time and since the last QR. In addition, longitudinal data regarding the families served in a county is introduced to staff and discussions are facilitated regarding how to use the data to enhance our work with families. Staff members are provided the opportunity to ask questions and are invited to participate on the county CQI team to help develop the program improvement plan (PIP). When Promising Practice is discovered (a strategy that is garnering positive outcomes with families) it is shared with other offices who may be struggling in this area of practice.

- *Enhanced Technical Assistance for County Continuous Quality Improvement Teams.* Following the QR in each county, the county implements a County CQI team to develop, implement and support the evaluation of a PIP. In addition to implementing the data stories, PMA assigns designated staff, trained in DCF's CQI approach, to work with each county for the two year PIP period. These staff members assist the County CQI team in selecting improvement topics, exploring solutions, developing theories of change, outlining clear expectations of how potential interventions will contribute to achievement of short and long term outcomes and designing an implementation and measurement plan. Over time, the County CQI team evaluates the success of the implemented PIP and communicates important information locally. PMA is responsible for aggregating results across areas and sharing implementation findings and results with stakeholders at various levels throughout the department.
- *Continuous Quality Improvement Summit.* In November 2017, DCF used much of the data presented in this report to implement the first annual CQI Summit. The purpose of the Summit was to enable staff throughout the Department to have an opportunity to offer feedback on the CQI system and gain a better understanding from lessons learned about practice from state and county level CQI activities. The practice performance indicators focused on during the Summit were Engagement, Teamwork and Coordination, Ongoing Assessment Process and Child and Family Planning Process.
- *Enhanced ChildStat format.* ChildStat is a statewide case conferencing forum, typically held at least 10 times per year, in which one case is dissected and critically analyzed to assess practice, policy, and procedures from a systems perspective. The purpose of ChildStat is to encourage a culture of learning through self-reflective and self-diagnostic processes. ChildStat consists of three primary components; the case presentation, group learning activities and the case practice update. In October 2016, the ChildStat format was enhanced by adding a Round Table discussion period to support peer-learning. In addition, a designated team was established to travel to Area and Local Offices to conduct follow-up case practice updates with the presenting Local Office several months after ChildStat.

- *Qualitative Review Supervisory Seminar.* This QR Supervisory Seminar is a one day interactive seminar that helps supervisors have a better understanding of quality measures and their role as supervisors in ensuring that staff understand important concepts related to carrying out the case practice model. It reviews the principles and indicators of the QR and allows supervisors to practice rating a case utilizing the protocol. Participants are able to strengthen their abilities to assess case practice strengths and areas needing improvement and the connection to positive outcomes for families.

Example Practice Focused Division of Child Protection and Permanency Interventions. CP&P Leadership are active participants in the CQI activities outlined above. Leaders use information gained from various CQI activities throughout the department and their knowledge of organizational and operational drivers to develop improvement strategies and interventions. Example interventions that have been informed by the data referenced in this report include leadership and supervisory development, multi-level approaches to address key practice areas and peer-learning opportunities to improve practice.

- *Leadership Development and Coaching.* In November 2016, CP&P leadership and leadership from DCF's Office of Training and Professional Development attended a training session on High Performance Transformational Coaching in Missouri with other child welfare leaders from other states. CP&P leadership developed a leadership coaching model (LOM) to support new Local Office Managers and is incorporating leadership coaching into many of the trainings and practice initiatives being implemented across the Division. The new LOM coaching model involves using senior leaders in CP&P Local Office to provide coaching and mentoring to new LOMs for a period of 6 months to one year after they have assumed their new role.

In 2017, a Leadership Series for Casework Supervisors was developed and presented by the Family Institute from Rutgers University. Approximately 200 CP&P Casework Supervisors will participate in this program over a two year period. Casework Supervisors experience expert-led learning sessions designed to enhance leadership skills through training, networking and learning circles to support application of new knowledge to practice. In addition, all participants have self-reflective portfolios they work on throughout the two years.

- *Supervisory Development.* CP&P held a series of statewide supervisory leadership workshops focused on improving investigatory practice. The workshops addressed staffing, promoted the use of quantitative and qualitative data in managing daily practice and operations and provided an opportunity for peer sharing and learning about best practices across offices. These workshops were led by Deputy Directors, Central Office staff, and representatives from PMA.
- *Multi-Level Approach to Address Key Areas of Practice.* DCF initiated a statewide focus on understanding and accountability for father engagement which included both the development of a state level team and a focus on this topic by County CQI teams. County CQI teams piloted local initiatives related to father engagement. Many of these initiatives require partnering with

fathers to support staff professional development and create purposeful focus on father engagement in staff meetings and ongoing supervision. The goal of the state-level team is to stay abreast of local efforts to identify system gaps and develop system-level strategies to address this topic.

- *CP&P acknowledges the strategies from its Area and Local Offices and takes opportunities to share promising practices.* With nine Area Offices and 46 Local Offices, there are many initiatives and promising practices being implemented on a local level in communities across the state. Local Offices work diligently to develop professional relationships with community partners such as: schools, law enforcement, family court, correctional facilities, medical and mental health providers and faith-based programs. Internal and external teaming with child welfare system partners leads to better outcomes for the children and families served by CP&P. In this section we provide examples of initiatives related to Engagement, Teamwork and Coordination and Ongoing Assessment Process. These practices are shared regularly with leadership staff at quarterly statewide meetings. The implementation and success of the initiatives are tracked locally.

Engagement of the Child and Family

- *Difficult Conversation Workshops.* Families that come to the attention of CP&P are often dealing with challenging life experiences such as substance use, domestic violence, mental illness, poverty, and homelessness. These workshops include behavioral role play to support staff in preparing to have difficult conversations with families that not only address the familial needs, but also demonstrate CP&P's genuine efforts to partner with families to improve outcomes.
- *Strategies to Increase Outreach to Improve Visitation.* There are times when parent/child visits require supervision. Several Local Offices have remodeled visitation rooms so they are clean, child friendly and stocked with toys and electronic equipment that facilitate positive parent/child interaction. Some offices offer visitation events that include visits with children and their families, supplemented by breakfast, transportation and access to representatives from local service providers.
- *Parent Outreach Program.* "The Huddle," is an example of an outreach program that includes a father who meets with staff every first Friday to provide support with outreach to the other fathers who are not involved in case planning or who have gone into missing status.

Ongoing Assessment Process Promising Practices

- *Assessment Related Workshops.* A few offices hold mini-workshops to enhance the quality of integrating history into assessment. The purpose of the workshop is to support staff in building better rapport, stronger assessment and navigating changes that influence the case direction.
- *Utilizing conferencing models.* CP&P Local Offices have a Supervisor Conference Toolkit where enhanced case conference variations are used based on the child and family dynamics. For example, if the family had significant mental health concerns, the Supervisor would chose to have a Focus on Supervision (FOS) conference. A FOS involves using a genogram, a thorough review of the case record and a clinical consultant. The case dynamics are then discussed in a “teamed case conference” setting. Enhanced Supervisor Conference models are used to support staff in gaining a comprehensive big picture and shared understanding of how history impacts current functioning and to ensure that history and subject matter expert input is used to help inform the case decision making process.

Teamwork and Coordination Promising Practices

- *Provider Partnership Initiatives.* One Local Office hosts Teaming Tuesdays, in which CP&P staff come together with local service providers to discuss challenges and strategize on how to work more collaboratively with families. Group emails help the team communicate effectively and monitor progress.
- *Building Staff Capacity to Support Families in Teaming.* As an example, DCF provides a workshop that focuses on helping families reduce the anxiety and re-traumatization associated with telling their story in a team environment. Important components of the workshop include following up with the family post meetings to provide support after disclosing such personal information.

Each intervention is designed to support our efforts in ensuring that the families we serve are engaged in the change process and are active partners in the planning process. A primary objective of this process is to reach and sustain conditions necessary to promote positive outcomes of safety, permanency and well-being for children.

Over the last decade DCF has made efforts to engage staff members and stakeholders in identifying and targeting opportunities to improve services, processes and outcomes for children and families. These efforts align with the understanding that there are various internal and external components that contribute to ensuring the efficacy and reliability of the CPM. DCF is unwavering in its commitment to its mission of ensuring a better today and an even greater tomorrow for every individual the department serves.